جامعة صنعاء — كلية الطب البشري

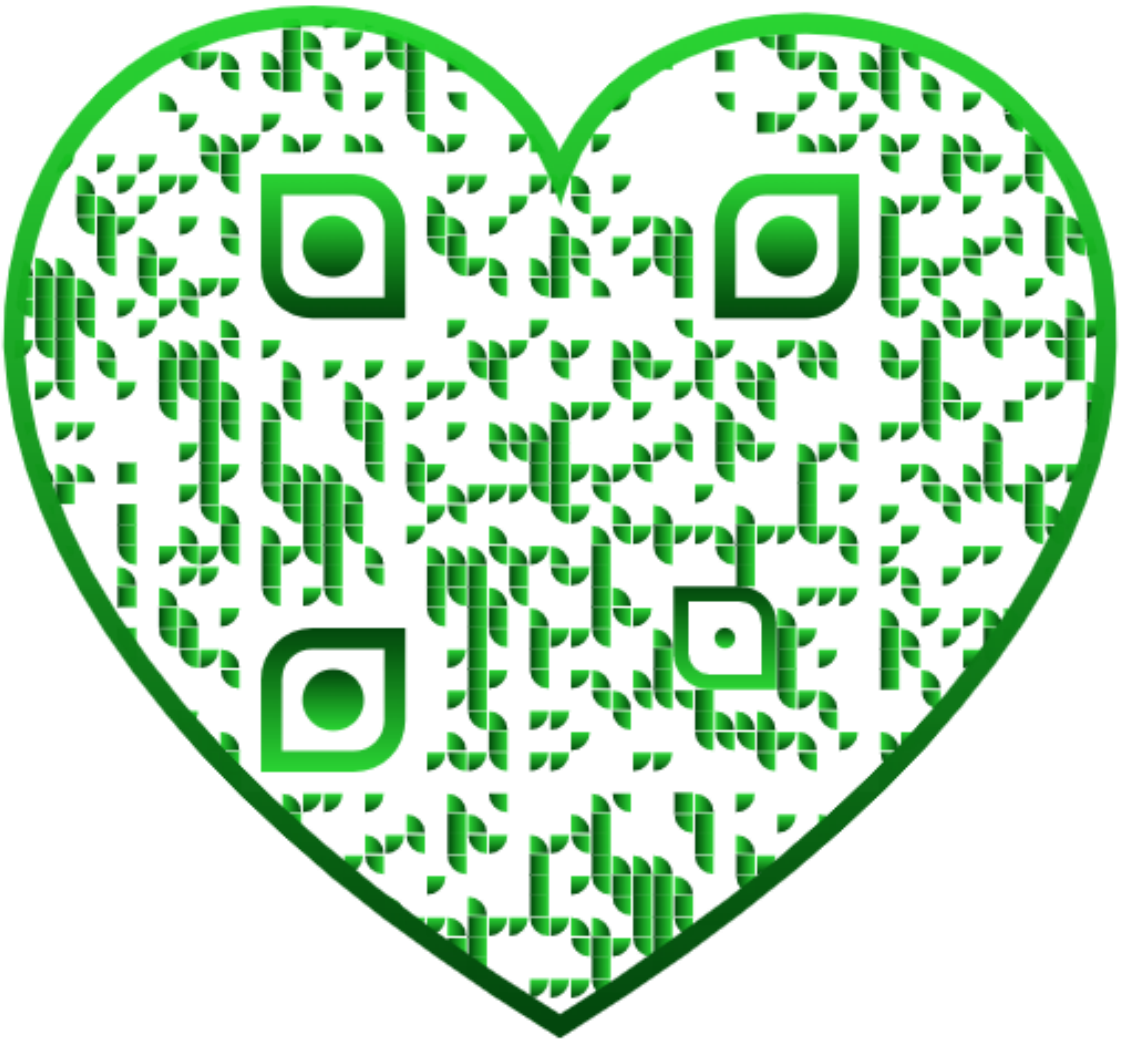
التجميعات السريرية

BY:BLA'A M. AL-SABRI

OSCE REVISION GUIDE

BY: Bla'a M.Al-sabri

2024



Q : picture of scalded burn with bulla
- what's the degree

Q: mention 3 specific signs for Appendicitis

Q: picture of barium enema for colorectal cancer
- modality of Dx
- cardinal signs and Sx of IO
- what's probable diagnosis
Q: picture of hydated cyst in liver
- mention complications
- complications of gall stones
Q: causes of bloody discharge of nipple
Q : picture & seniario of pile (3rd degree)
- Dx
- two modality of treatment
Q: mention the content of :
- Richter
- litter"s
- maydl's
Q: mention 3 thing must be preserved during thyroid surgery
Q:what's Murphy sign

Q: pyloric stenosis

والعلاج حقه

35 1 1:12 AM

اوسكي جراحه القروب الثالث ١٩/١٠/٢٠٢٣

1_ define crossover s law?
B_ give one exception of this law?

2_ A_what is the insturment? Tracheotomy
B_ other tools to keep the airway patent ?
ET tube
Oropharyngeal tube

3_ picture of wound on left hand for patient not vaccinated for tetanus.

A - give Prophylaxes for this patient against tetanus ?
B_name the types of surgical wounds?

4_ مريض حصل له RTA وعنده ال vital signs
HR:80 RR:18 BP130/90 urine out put 100 ml in 3 hours

A_what is the classification of hrge shoke ?
Class 1
B_ what is Approximated blood loss?

5_ lat. view of spine x ray وفيها مناطق سوداء !
A_ Diagnosis ?
B_ complications?

6_ صورة x_ray فيها شكل well defined mass، وفي الهيستوري إن المريض سعل قطع بيضاء
A_ what do you see on x ray?
B_ what is the diagnosis ? Hydatid cyst

7_a picture of brust abdomen
A_ what is spot diagnosis ?
B_Mangment ?

8_ X ray of ant. Shoulder dislocation
A_ Diagnosis ?
B_ 2 complications?

9_pt with DM & had sever pain and crebtus under skin along his forearm
A_ Diagnosis?
B - Mangment?

10_ picture of IVP contrast x ray of urinary system
A_ what is the finding?
B_ 4 possibale causes of this condition?

1 1:12 AM

امتحان اوسكي الجراحة - قروب B - دفعة ٣٥

Question 1
Patient with history of chronic NSAID use presented with acute abdominal pain and the following xray [X-ray showing air under the diaphragm]

A. Describe the X-ray findings
B. What is the diagnosis?

Question 2
Patient with hx of pneumonia and fever

A. Describe the X-ray findings [Pleural effusion]
B. What is the diagnosis

Question 3
A. Name the instrument [T-tube]
B. Give two indications

Question 4
Name the instruments (Weitlaner retractor, NG tube, Celisten tube)

Questions 5
Patient with hereditary spherocystosis presents with RUQ for 12 hours, fever and positive Murphy sign.

A. What is your diagnosis?
B. What is Charcot's triad and what does it indicate?

Question 6
A. Name this operation [Appendectomy]
B. Give 3 complications

Question 7
A. Spot diagnosis [Venous ulcer]
B. What is its important clinical feature?

Question 8
What is the diagnostic modality of A. Hirschsprung disease
B. Mesenteric ischemia

Question 9
A. Name these signs [picture of raccoon eyes, halo sign, battle sign]
B. What do they indicate?

Question 10
A. Name this deformity [Dinner fork deformity]
B. What is the diagnosis? Colle's fracture

1 1:12 AM

السلام عليكم.
هذه أسئلة الاوسكي للمجموعات دفعة ٢٨
أول قروب :

1-T tube
what's this? 2 indications?
2-برجر ديزيز. صوره
3-برست نوديول صوره
4-؟
5- rhinoscope
6-كوليس فراكشر. صوره
7-سوبرا كونديلار فراكشر. صوره
8-pneumoperetonum x- Ray
9-suprapubic catheter
10-Extradural haemorrhage CTscan

ثاني قروب:

1Ivp filling defect
hydronephrosis
2 carotid body tumor
3 testicular hydrocele and what the test for it <trasilumination>
4 spina bifida
5 barium enema ulcerative colitis
6 foleys cathter and what contraindication
7femur neck fracture
8 breast swelling
9 postoperative intestinal obstruction and what is tt
10oropharyngeal airway

القروب الثالث.

1. Incisional hernia
A. Diagnosis
B. Treatment
2 . carotid body tumor
A . 2 specific investigations
B. 2 specific complications
3. Parotid gland enlargement
A. Diagnosis
B. 2 specific postoperative complications
4. Laparoscopy
A. What is this procedure
B. 2 complications
5. Varicose veins in leg
A. Trounquet test positive . what's does that mean
B. 2 methods of treatment
6. Stitches (suturing)
Types
7. External fixation of fracture
A. What's this
B. The most common indication
8. Bed sore
A. What's this
B. Stages of its pathology
9. Score of acute abdomen (acute appendicitis)
10_ Patient with past history of appendectomy . Presented with clinical manifestations of intestinal obstruction (distension , absolute constipation .....) .
A. Diagnosis
B. First stage in management

Grades of bed sore and the managment of each grade ?
1- Non blanchable erythema
2- partial thickness skin loss
3- full thickness skin loss to faschia
4- reach to bone
5- unclassified
*managment:
Grade 1 & 2= dressing & wound care + change postion every 12 hours + air mattris + heparin
Grade 3 & 4 = debridment + myocutaneous flap

Defintion of fistula?
Abnormal communication between 2 diffrent epithelial surfaces

Risk factors of enterocutaneus fistula?
*pre-operative:
Mulnutrion - chronic disease as renal failure of liver failure or DM or TB or inflammatory bowel disease - radiation - chemotherapy steroid
*intraoperative:
Emergency - already contamination - bad surgical techniques as suture under tension, bad choice of sutures no hemostasis
*post operative:
Persistance of pre operative factors - infection

Manifestation of biliary leak?
Anroxia - nausea - vomiting - pain - fever - later on jaundice

Types of wound dehisence?
Complete
Partial: -Partial superfacial
-Partial deep

Factors prevent GERD(physiological lower esophagial sphinctre)?
-Intra-abdominal part of sphinctre(about3cm)
-acute angle of hiss
-rosset shape of mucosa
-asymmetrical arrangement of muscle fibers
-crura of diaphragm

Grades of Bronchoplural fistula?
1) Mild : air bubbles with cough
2)Moderate: air bublles on speaking
3)severe: contionus air bubbles"spontaneous"

1 1:13 AM

‹C/P of GERD:

Esophageal:
Regurgitation
Heart burn
Dysphagia later on

Extra esophageal
Horsness
Cough
Bronchial asthma
Aspiration pneumonia
Lung abcess
Idiopathic lung fibrosis

By examination : nothing
Maby horsness of voice
Asthma

Investigation
1-Golden standard : 24h ph monitoring
2-Endoscopy: indirect evaluation shows if there is esphagitis- botulous LES - haital hernia - exclude complications as stricture and barret esophagus and malignancy - exculde other dd
3-Esophagogram (contrsat swallow): exclude motality disorder as achlasia
LES spasm or atony - shows stricture - malignancy signs

Management:
#medical:
GERD is a medica disorder
1)Life style modification
2)Drugs: PPI- antiacid - antiemetic as motolin
#surgical:
Indications
Failure or no complaince with medical ttt
Compliaction of GERD
Complication of medical management (ppi : osteoporosis - DM - clostridial infection
Haiatal hernia

Types of fundoplication:
Complete: Nissan
Partial
How to choose type of operation:
Associated motality disoder or not : if so should be partial

Complication of surgery:
Gas bloats syndrom
Strictre

1 1:13 AM

OSCE Group B

1-Second degree burn
Local complication
 : infection, keloid.scar formation contracure

2-Hydropnemothorax
ttt:Chest tube insertion

3-Intussception
specefic sign :
Red jelly stool
Right lilac Fossa mass

4-Colon canecr apple core sign
And strictur

5- air under diaphragm
Perforated viscus

ttt:NPO, Ryle's tube. Antibiotics.
 Surgical and Omontal patch

6-Supracondylar fructure
Specific cop:
Injury for brachial artery and ulnar nerve

7-Dobble g catheter
Use:Hydronephrosis.urteral obstruction with ESWL,post operative

8-Varicose vien
ttt:Stripping of vien and ligation
Sclerotherapy

9-Hydatid cyst in liver
Name of operation Pericystectomy
Enceulation?

10-Tension pneumothorax
ttt:Insertion of needle thoracostomy inserted in 2nd ICS and definitive ttt by chest tube insertion

1 1:13 AM

اختبارنا اليوم 10stations Group c

1.a what's operation... skin graft
b. types of grafts

2 a.. name operation.. Int. fixation
b.. name of instruments

3..slide.. complication of operation

4 a slide RT tension pneumothorax
b.. tt... immediately needle in 2inter costal space
chest tubes بعدين thoracostomy

5slide a..air under diaphragm
b.... perforated viscus organ. ومادام patient
hix. chronic steroid

perforated peptic ulcer

5slide..a barium swallow or enema
narrowing in middle part &upper part esophagus
b.. التشخيص اي حاجة تعمل او ربما or bird peak apperance sign ... achalasia

6slide...a loop mega sign. dilated loop of bowel
obstruction
b.dd ... volvulus..
toxic megacolon

7slide.. a count GCS
b.. ct.. extradural hematoma.bannans shap convex plus.subarachnoid hge

8slide a.. IVU contrast dilated pelvic&uertere, clacys..
b... hydronephrosis grade 3 or 4because no tourtous
.
&9&10 slide

نسيت بتاعهن بصراحه
مفرمت نسوان

1 1:13 AM

Sign of this pectur

برضو ذا السؤال

What fractures are caused by osteoporosis?

Fractures caused by osteoporosis most often occur in the spine. These spinal fractures — called vertebral compression fractures

— They are almost twice as common as other fractures typically linked to osteoporosis, such as brokenhips and wrists

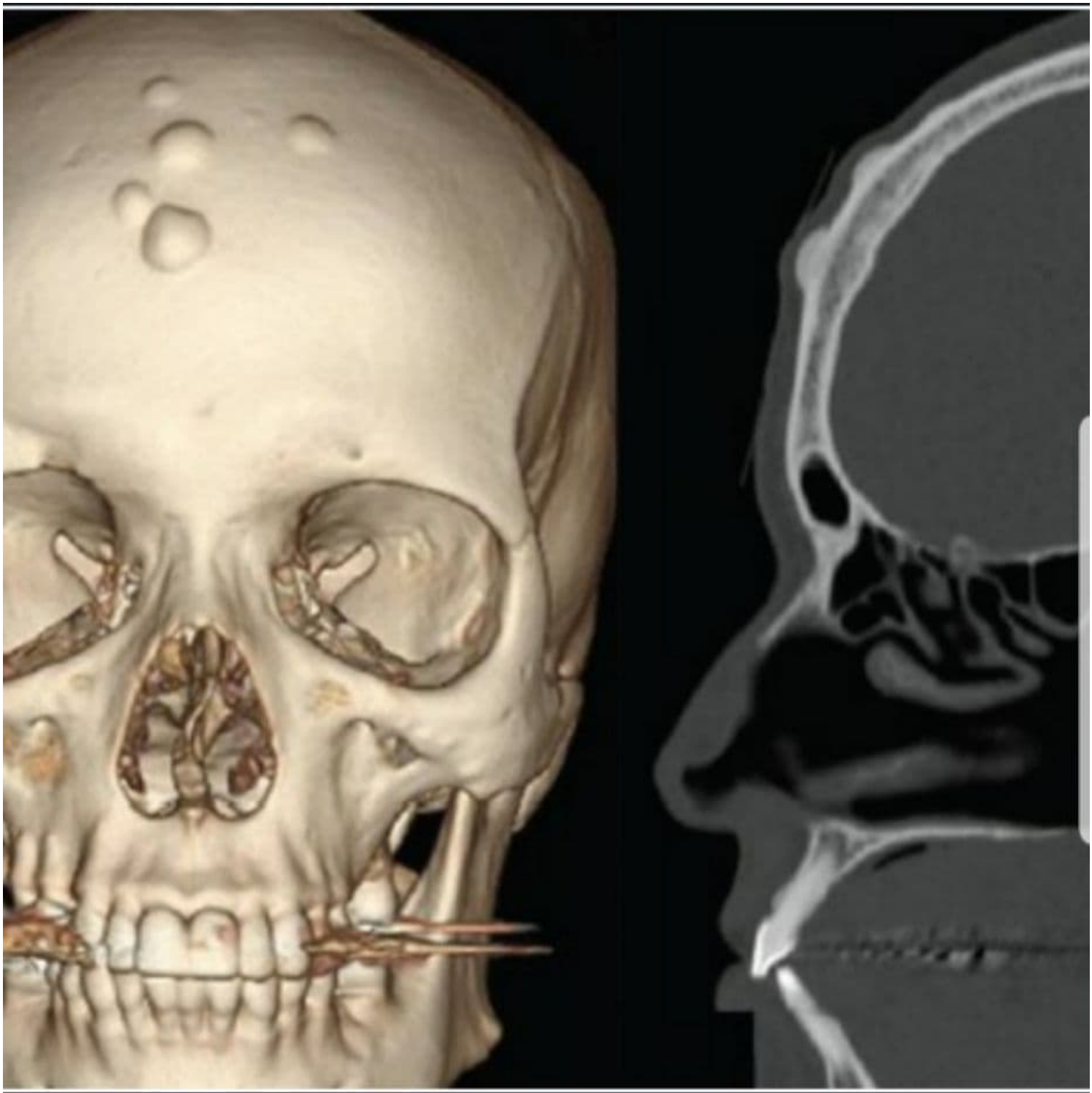
1 1:15 AM

وبرضو دي الشريحة مش نفسها تماما لكن تشبهها
الحاله كانت gangrene
مع سؤال ايش ال types
هم

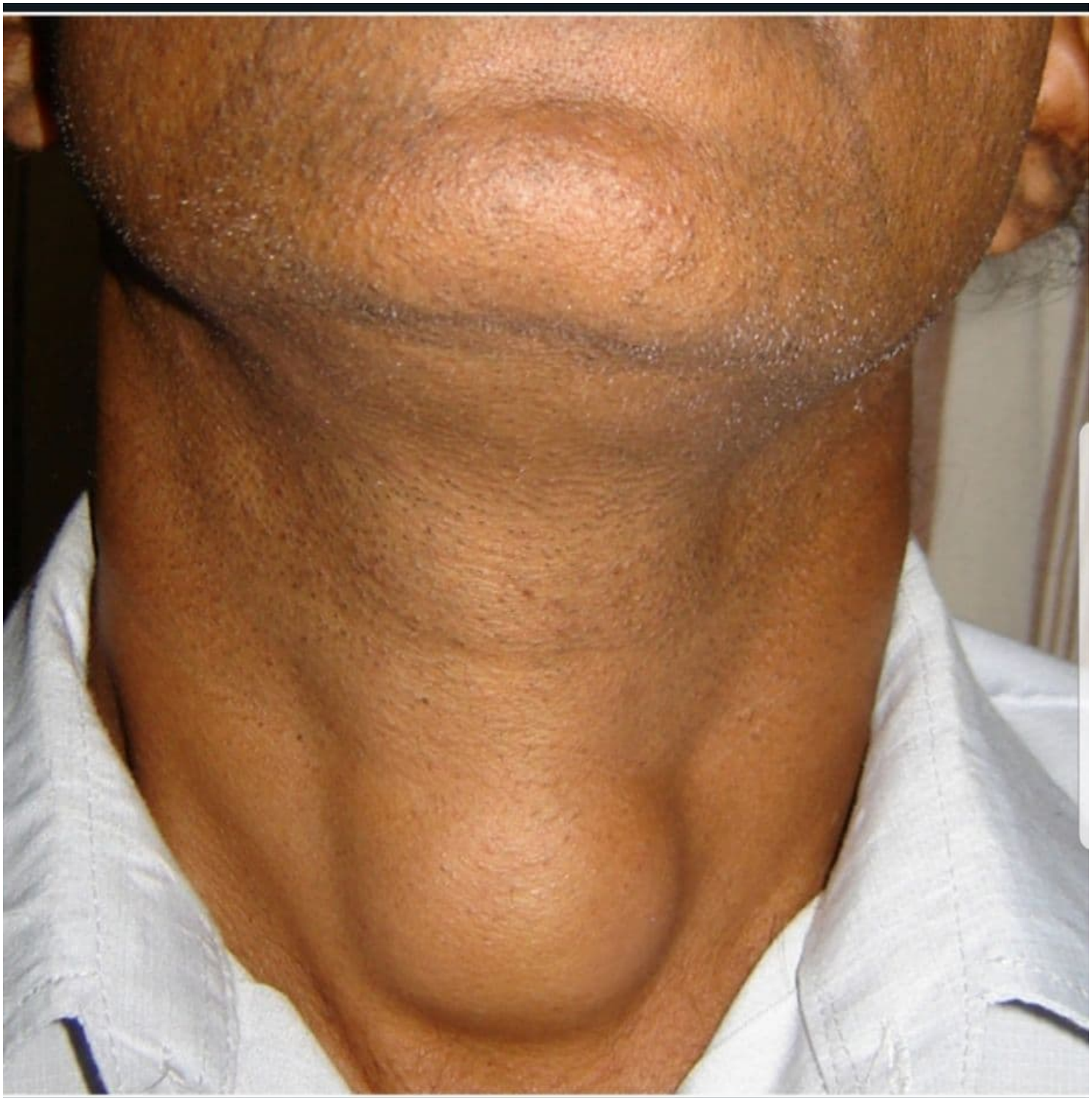
Dry gangrene
Wet gangrene

Other types of gangrene
- Gas gangrene
- Necrotising fasciitis
- Internal gangrene
- Fournier’s gangrene
- Meleney's synergistic gangrene

1 1:15 AM



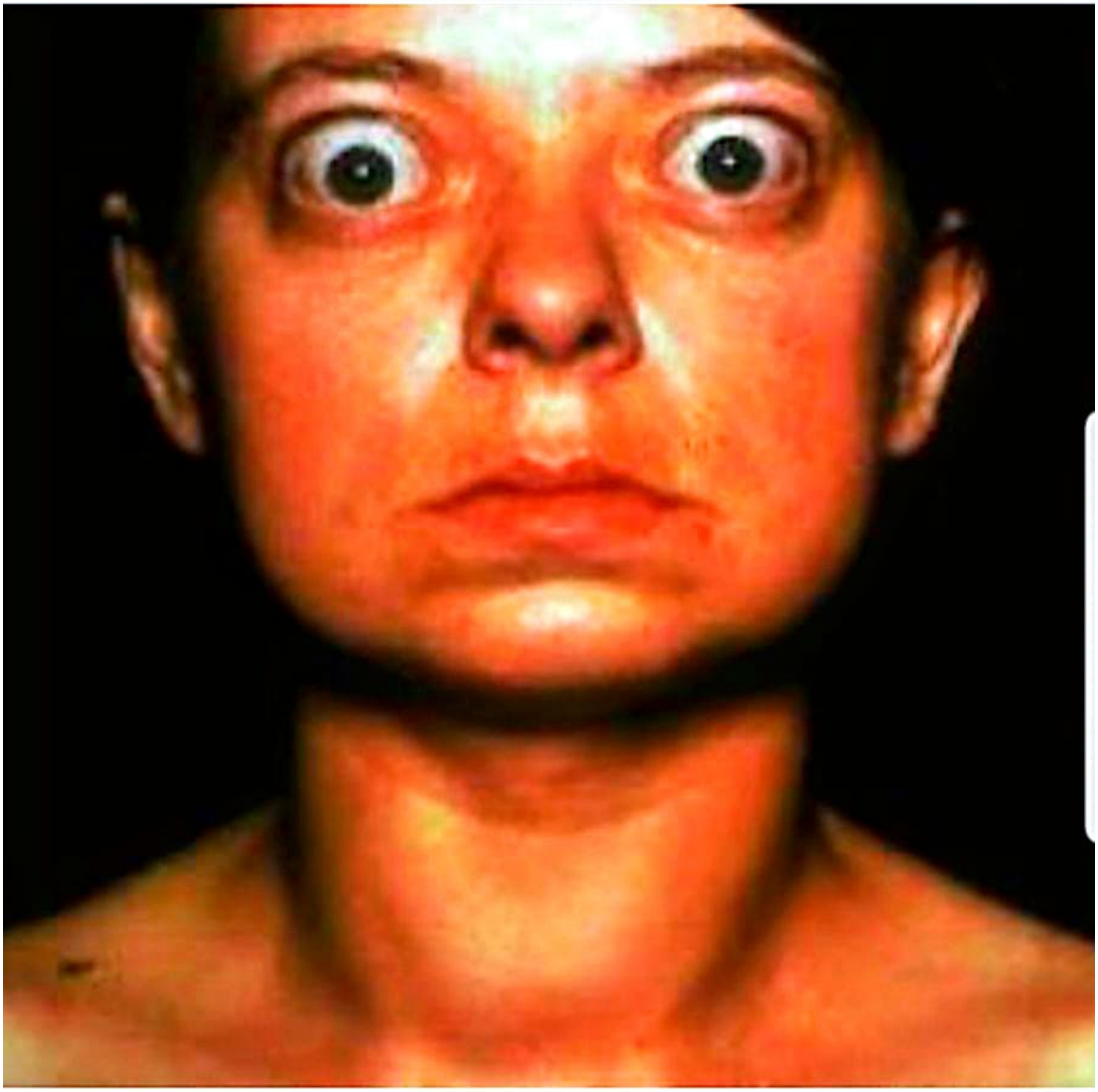
Osteoid Osteoma



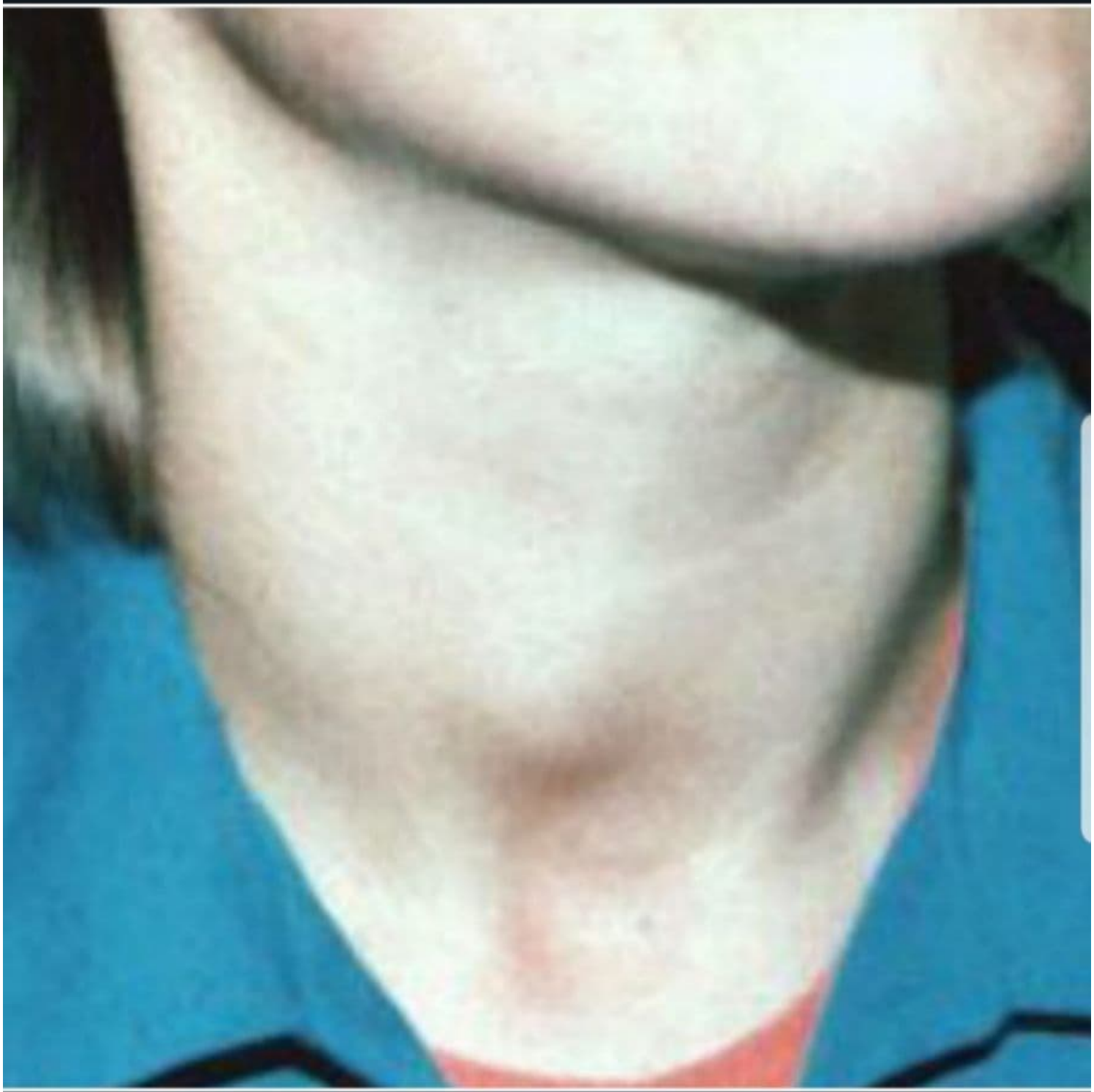
Goiter in a Male

Multinodular Goiter (MNG)

Thyroglossal Cyst



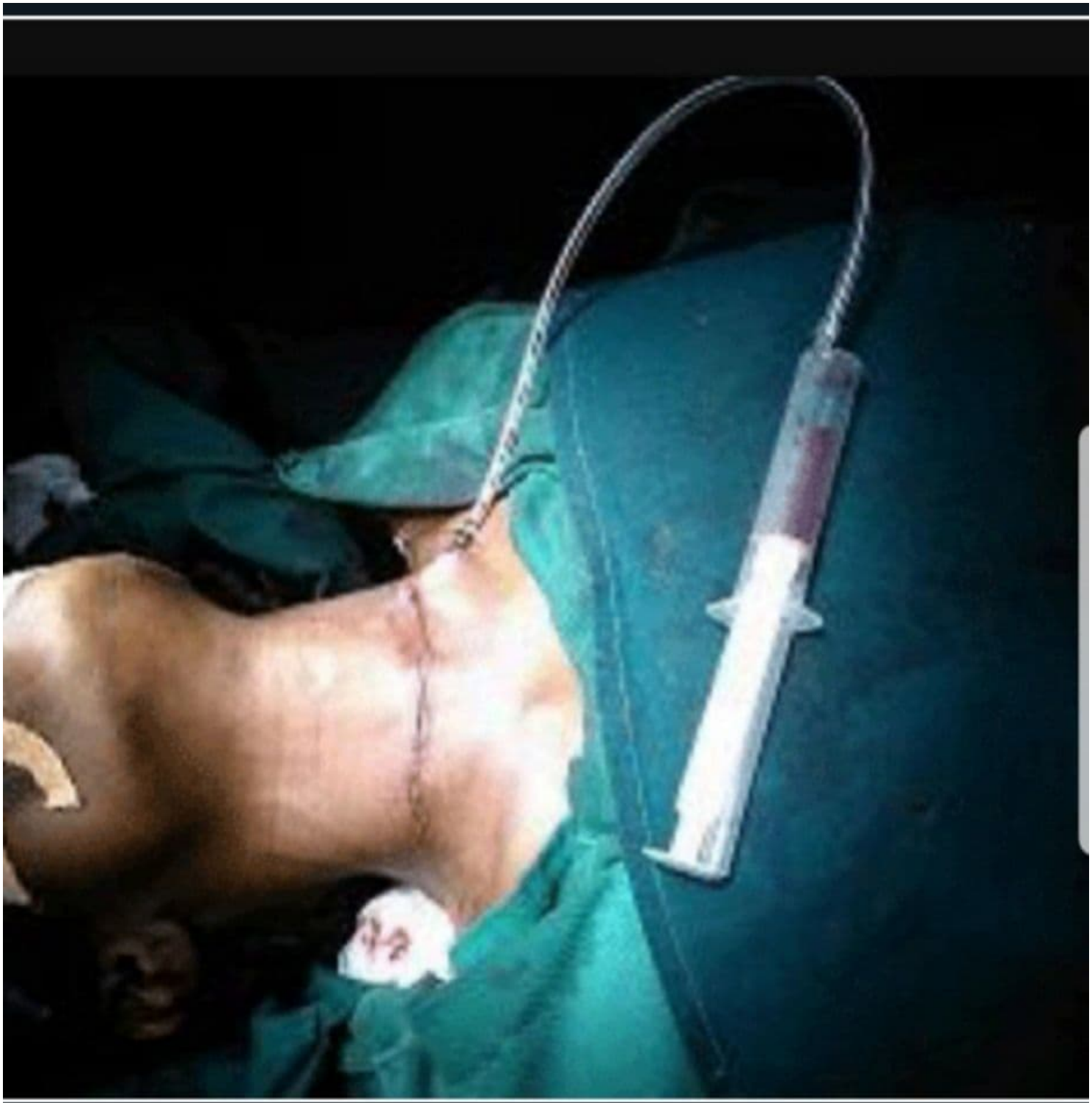
Grave's Disease (Diffuse Goiter)



Solitory Thyroid Nodule (STN)

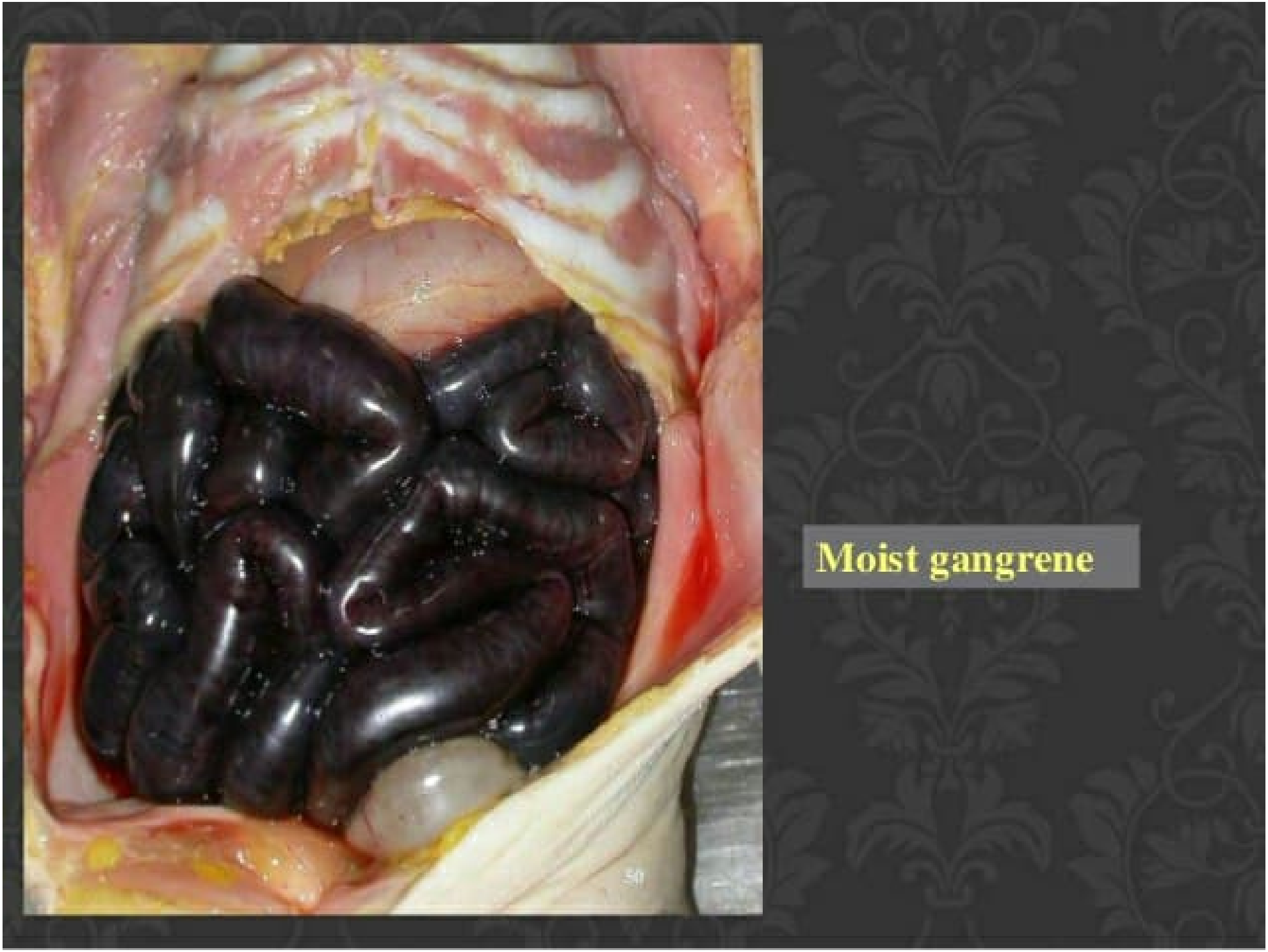
Chvostek's Sign

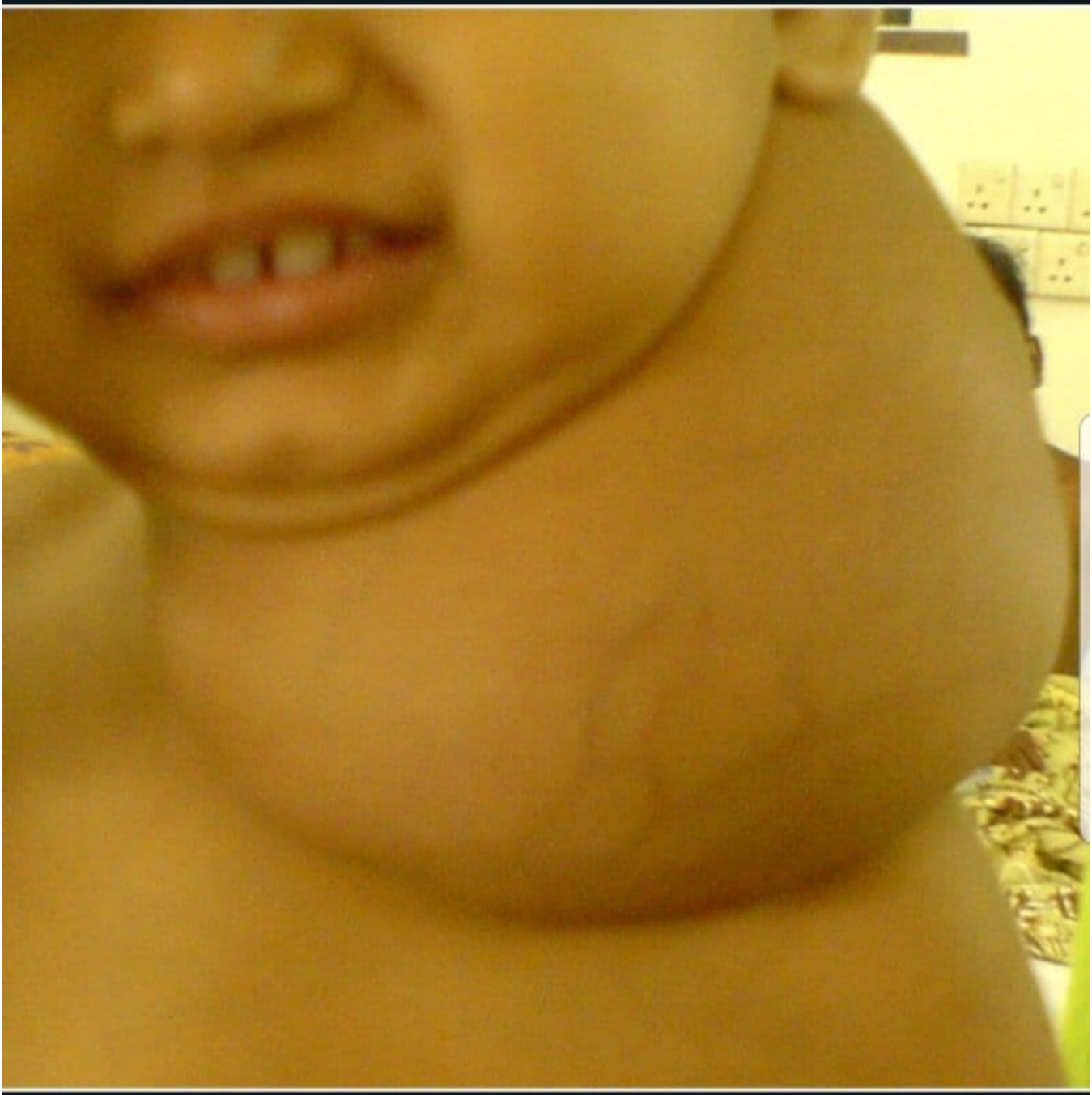
Trousseau's Sign



Drain Inserted After Thyroidectomy

Scar of Coller Incision

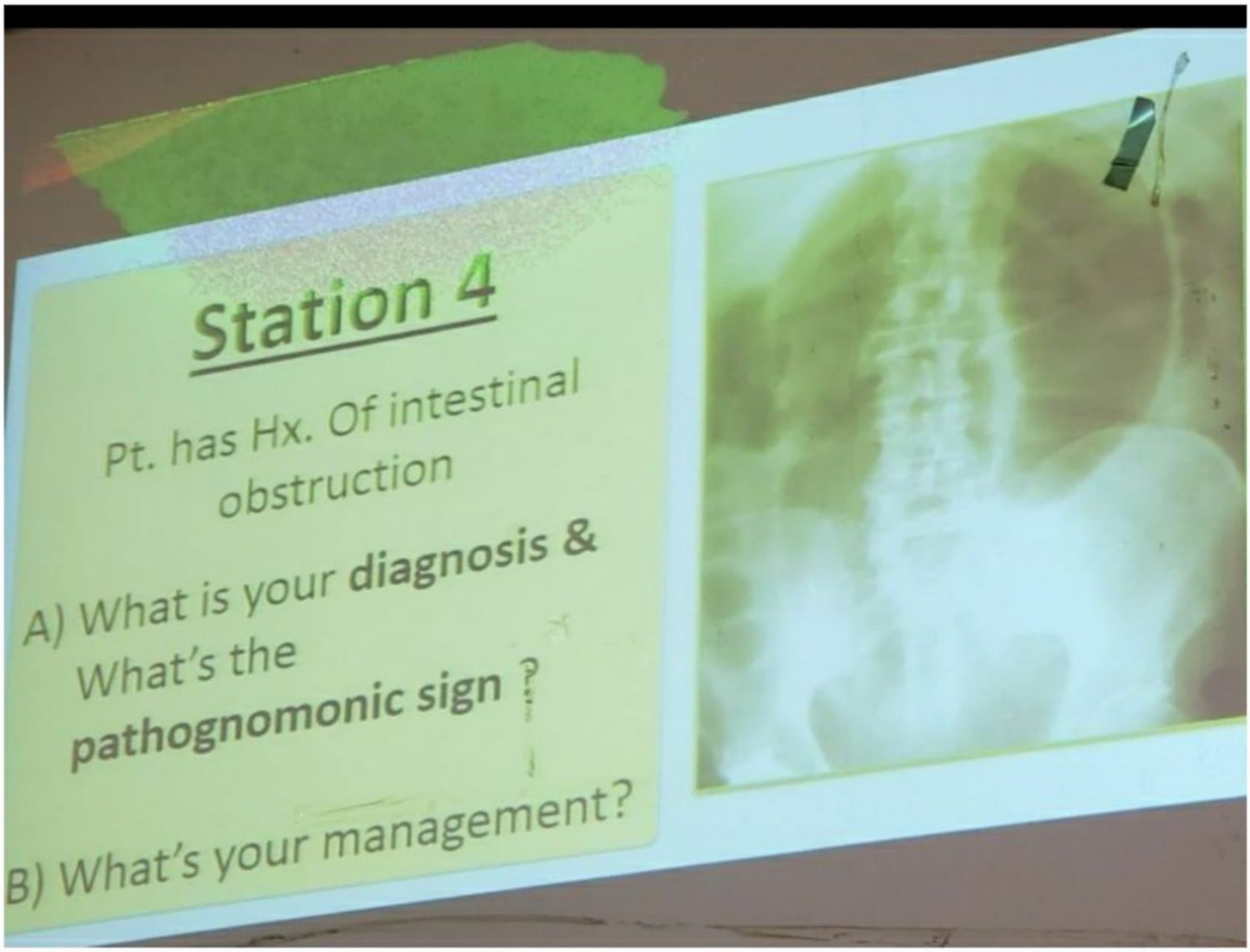

Moist gangrene



Cystic Hygroma in a Child

A Lump in the Scalp

Exsostosis


Station 4
Pt. has Hx. Of intestinal obstruction
A) What is your diagnosis & What's the pathognomonic sign ?
B) What's your management?

Sigmoid volvulus

Pathognomonic sign : Coffee bean sign (dilated loop of bowel with abscent haustrae)

Management :

Include investigations : abdominal x ray supine and erect or /and abdominal CT

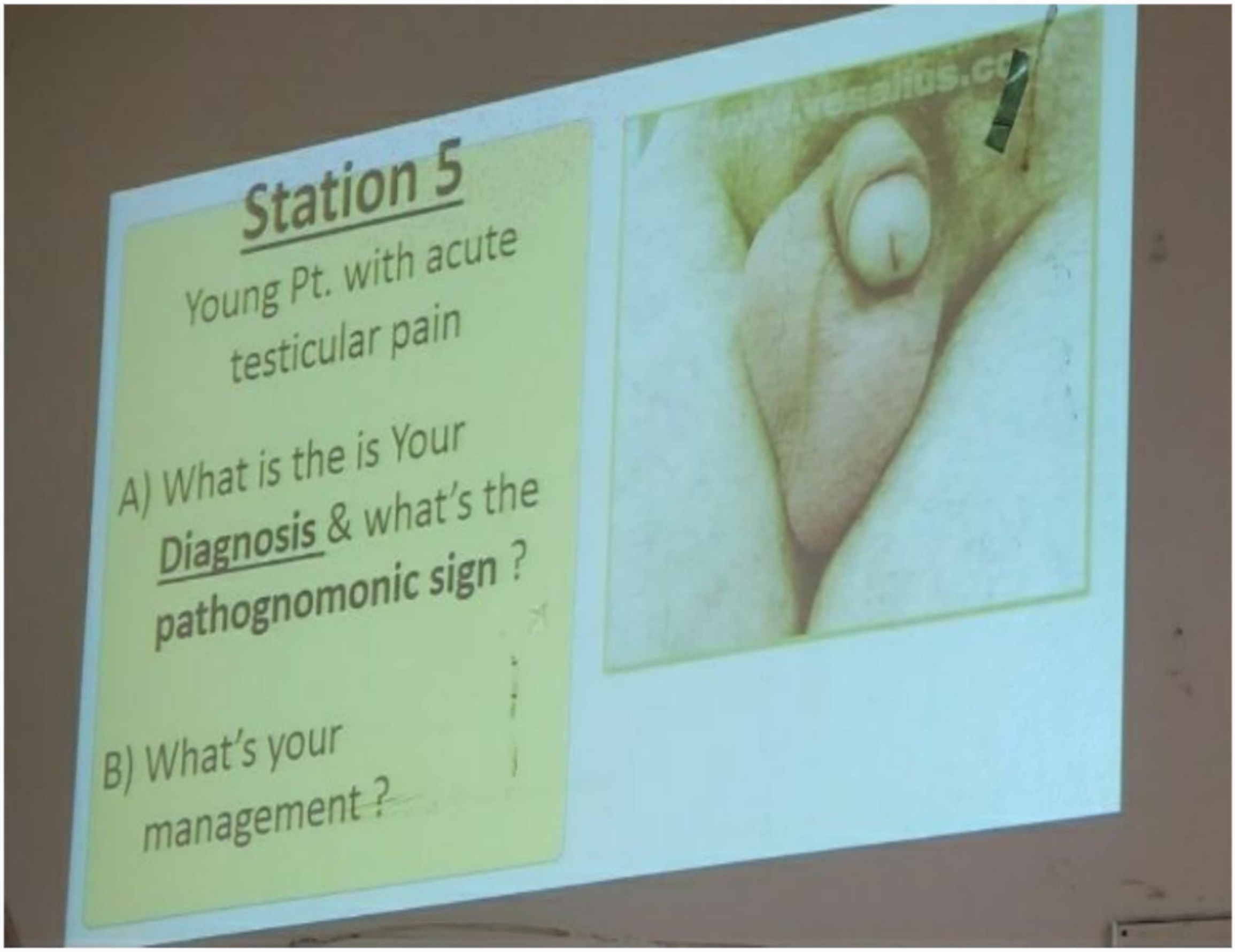
And treatment :
Conservative and surgical
cons: NPO, IV fluids, correction of electrolytes and acid base implalance, placement of NGT
If no peritonitis :Then endoscopic decompression, detorsion and reduction and inspection of mucosa : if ischemic : emergency surgery if not ischemic : placement of soft rectal tube
If peritonitis : broad spectrum antibiotics and emergency surgery

Surgical : sigmoid colectomy and primary anastomosis if pt hemodynamically stable with viable bowel.
Hartman procesure : if hemodynamically unstable with ischemic bowel

*اختصار الmanagement :

NPO, Iv fluids, NGT,
endoscopic detorsion, decompression,
and reduction and inspection of mucosa
Surgey : cloectomy with primary
anastomosis or Hartman precesure

*بالنسبة للدكتور قال ممكن فقط نقولlaparotomy


Station 5
Young Pt. with acute testicular pain
A) What is the is Your Diagnosis & what's the pathognomonic sign ?
B) What's your management ?

🚉station5

a. testicular torsion

-irreducible acutely tender swelling

b.Examine the patient and consider using the TWIST score to help guide further management.

High likelihood of torsion: urgent urology referral without prior imaging

Intermediate or low risk: Consider imaging (provided it can be performed rapidly) prior to urology consult.
Start pain management with parenteral analgesics.
If pain persists and surgery is not immediately available, consider manual testicular detorsion.
Urgent transfer to the OR for surgical exploration of the scrotal sac

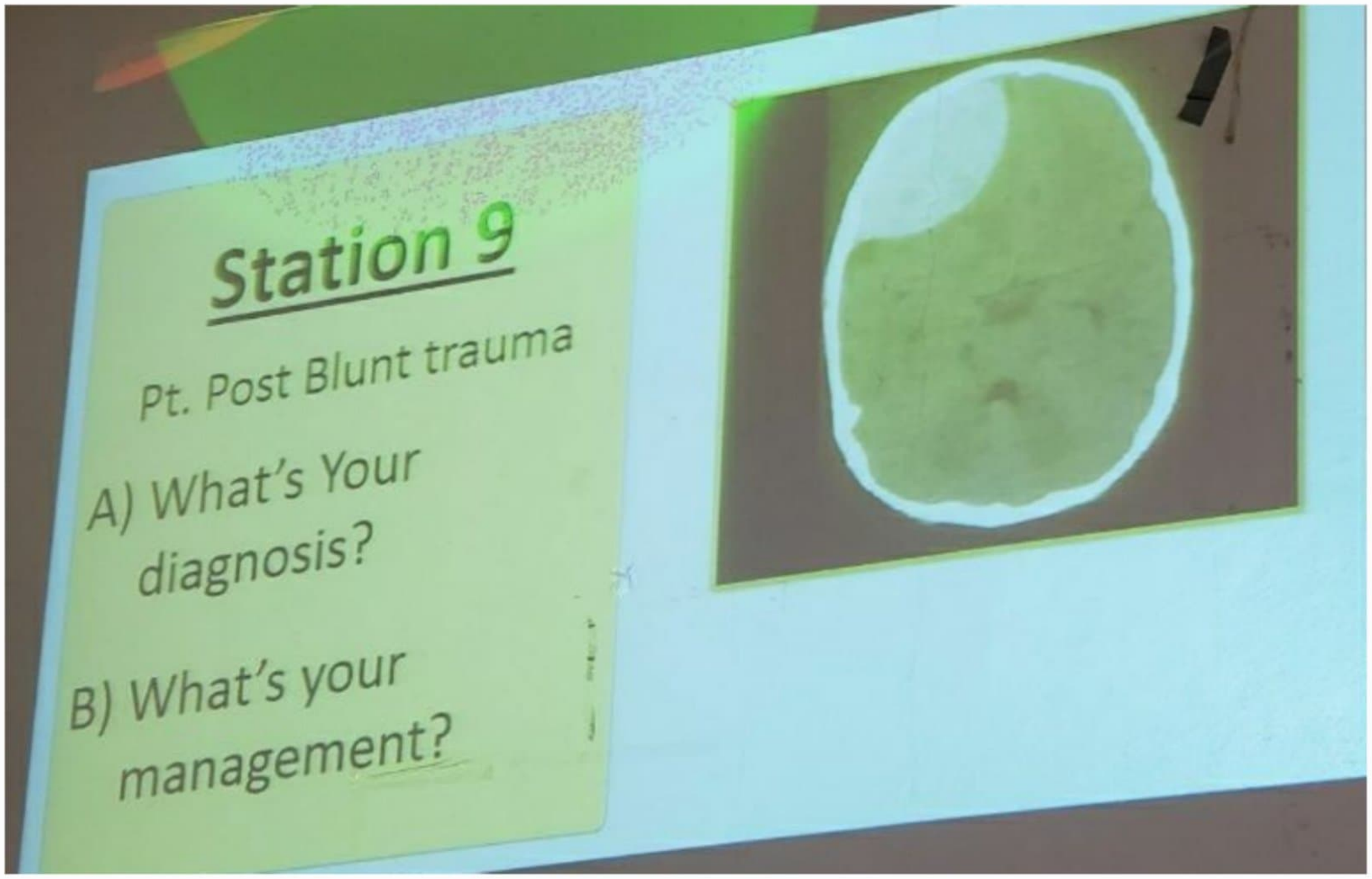
...

Pathognomonic sign

Elevation of testes pain didnt supside

هنا قال الدكتور نقول في المانجمنت

Exploration for detortion or orchidectomy



🚉station 10

a)extradural hematoma

b) 1.dealing with the life saving priorities

2. initial examination

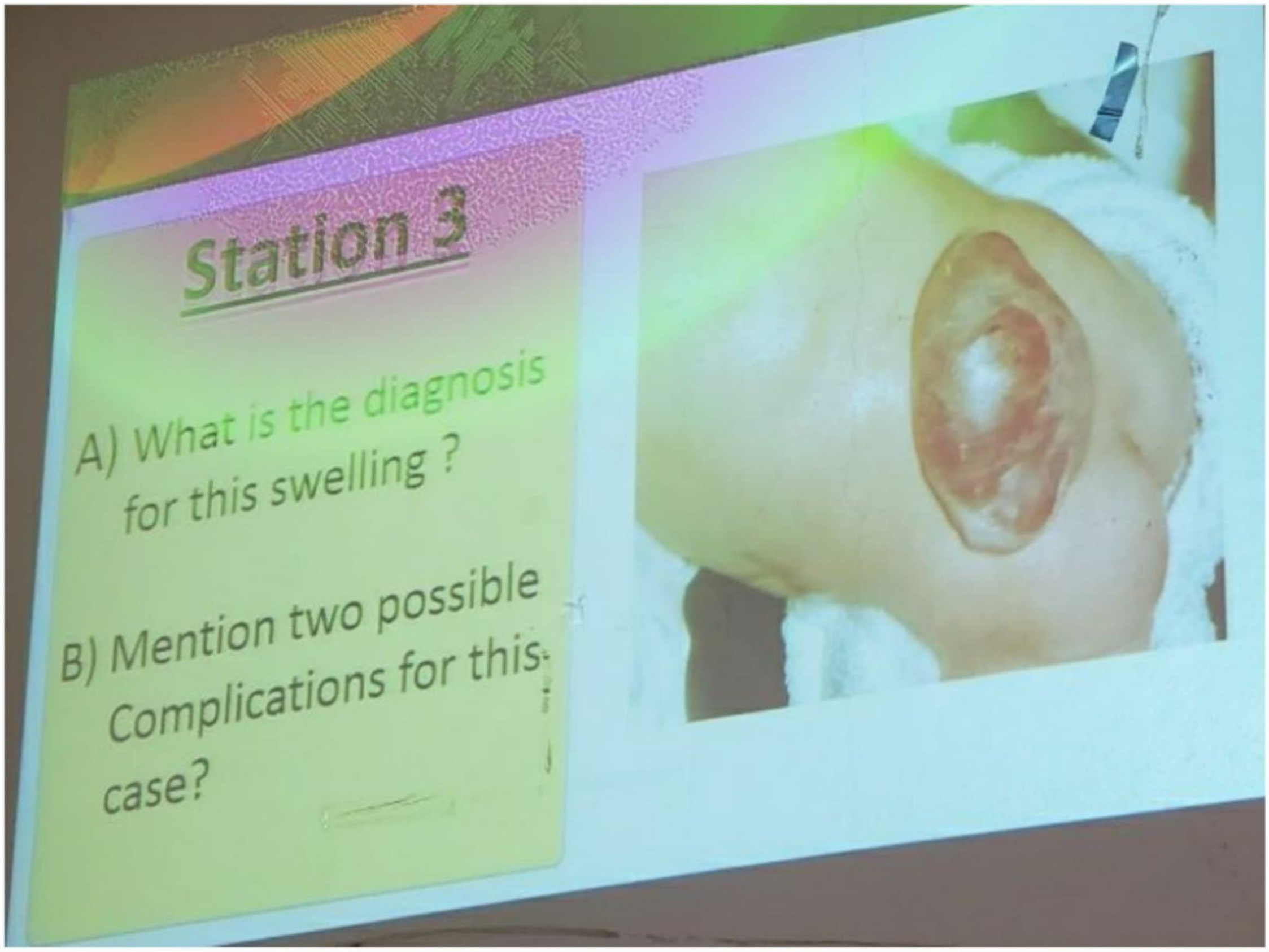
3. performance of necessary inv.

4: consider neurosurgery for **craniotomy**, hematoma evacuation and blood vessel ligation

5: conservative management if no indication for surgery

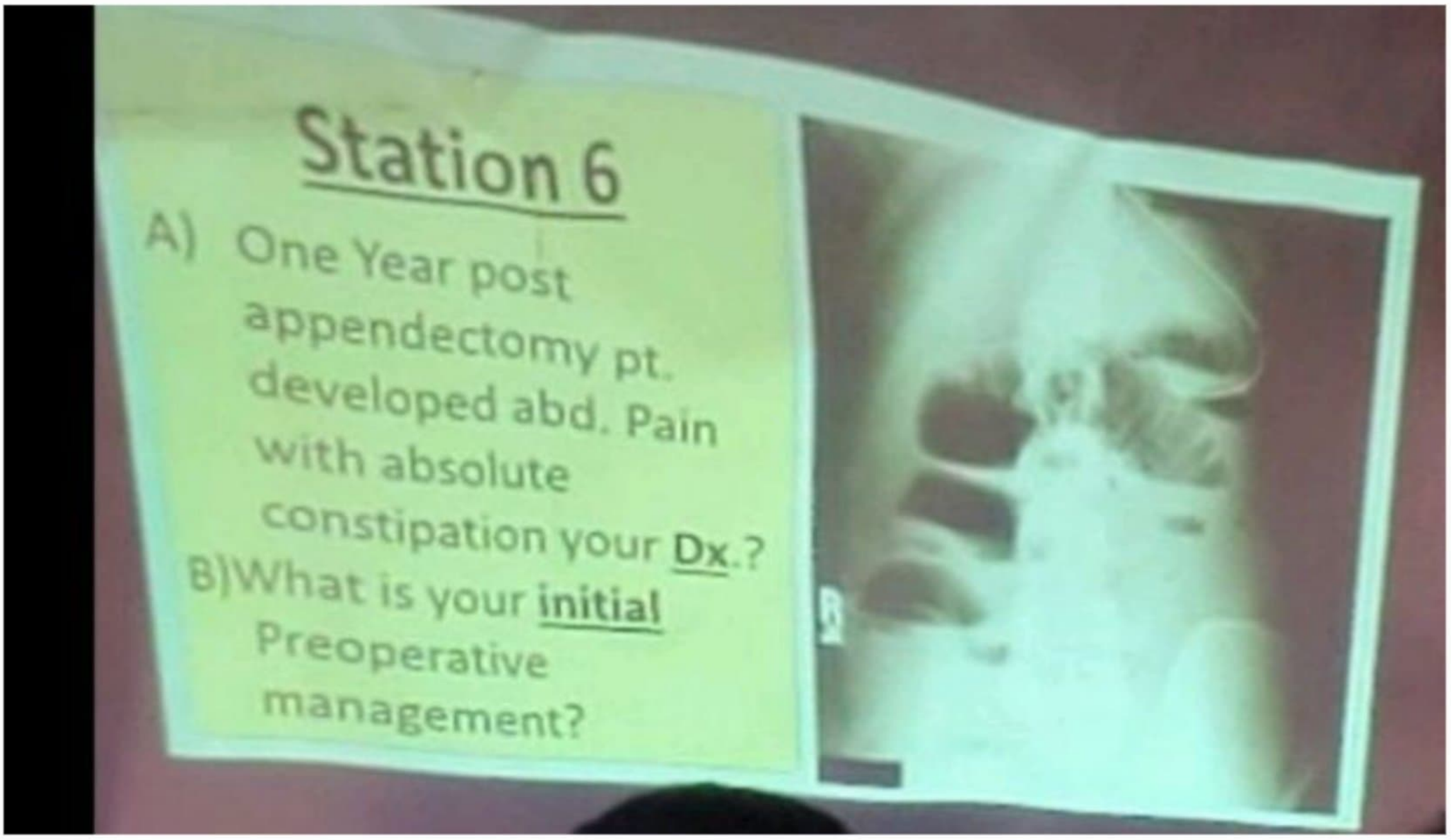
قال الدكتور نقول

Craniotomy بس



Spina bifida cystica

Menimgitis, hydrocephalus, paraplegia, blader or bowel problems


Station 6
A) One Year post appendectomy pt. developed abd. Pain with absolute constipation your Dx.?
B)What is your initial Preoperative management?

A. Adhesive intestinal obstruction

B. Management include :

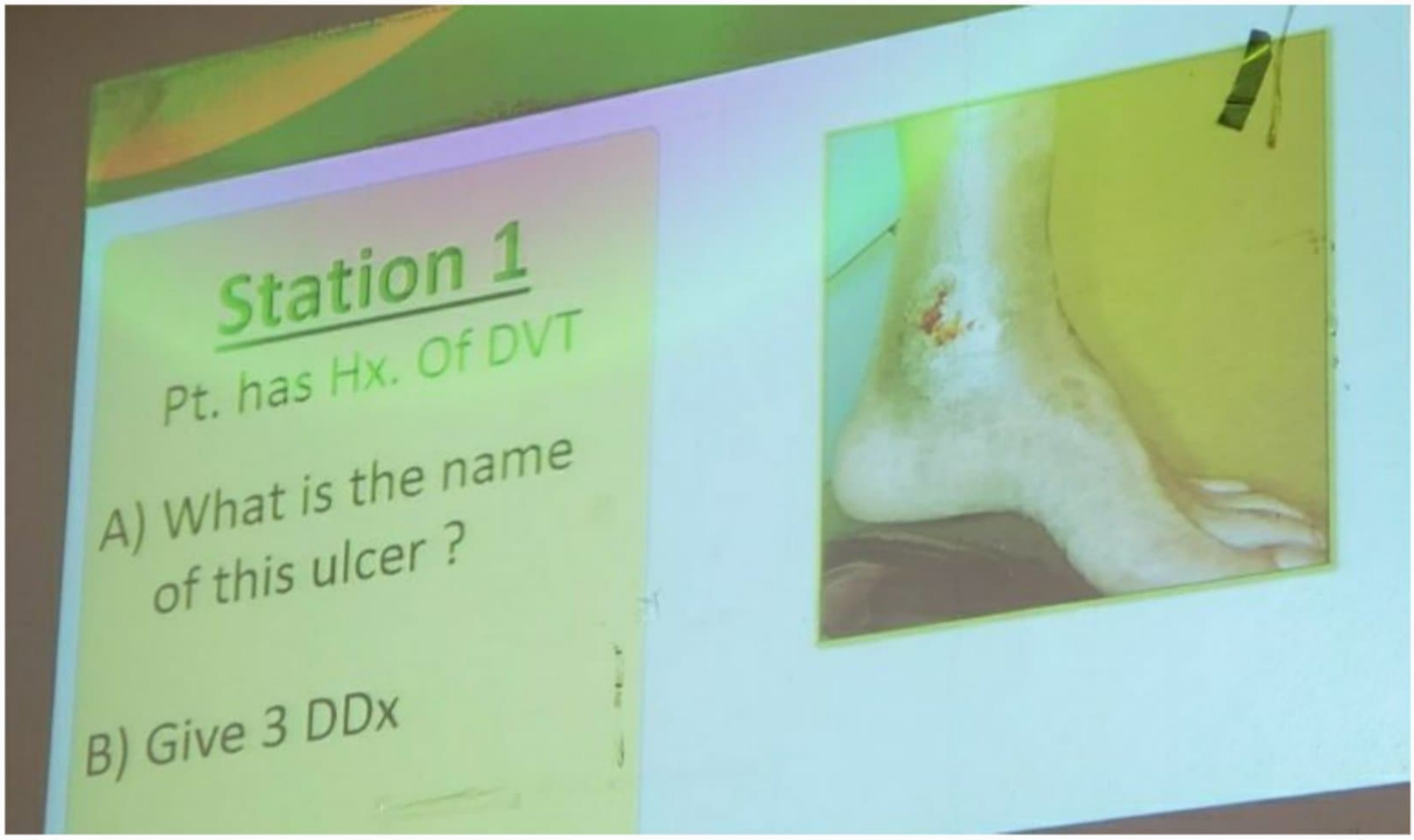
*Investigations :

X ray supine and erect

CBC and serum electeolytes ,ABG,creatinine

*Treatment:

NPO, IV fluids, NGT insertion, antibiotics, correction of electrolytes and acid base disturbance ,folys catheter



Venous ulcer

Arterial ulcer

pressure ulcer

Diabetic foot wounds

Vasculitis

Pyoderma gangrenosum

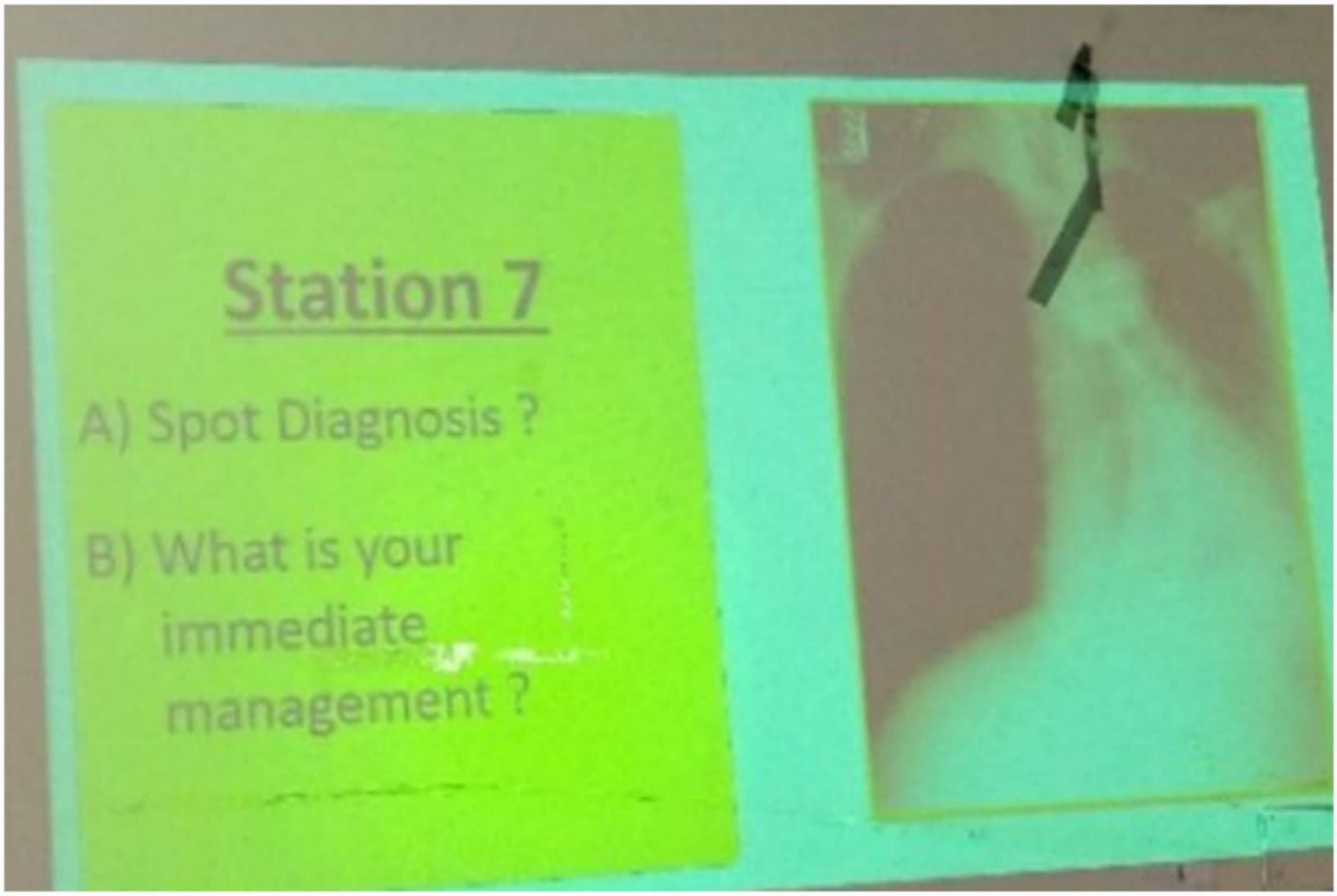
قال الدكتور ال DD مش هذولا

قال ممكن نقول :

Trauma

malignant ulcer as SCC

infection



Rt side tention pneumothorax

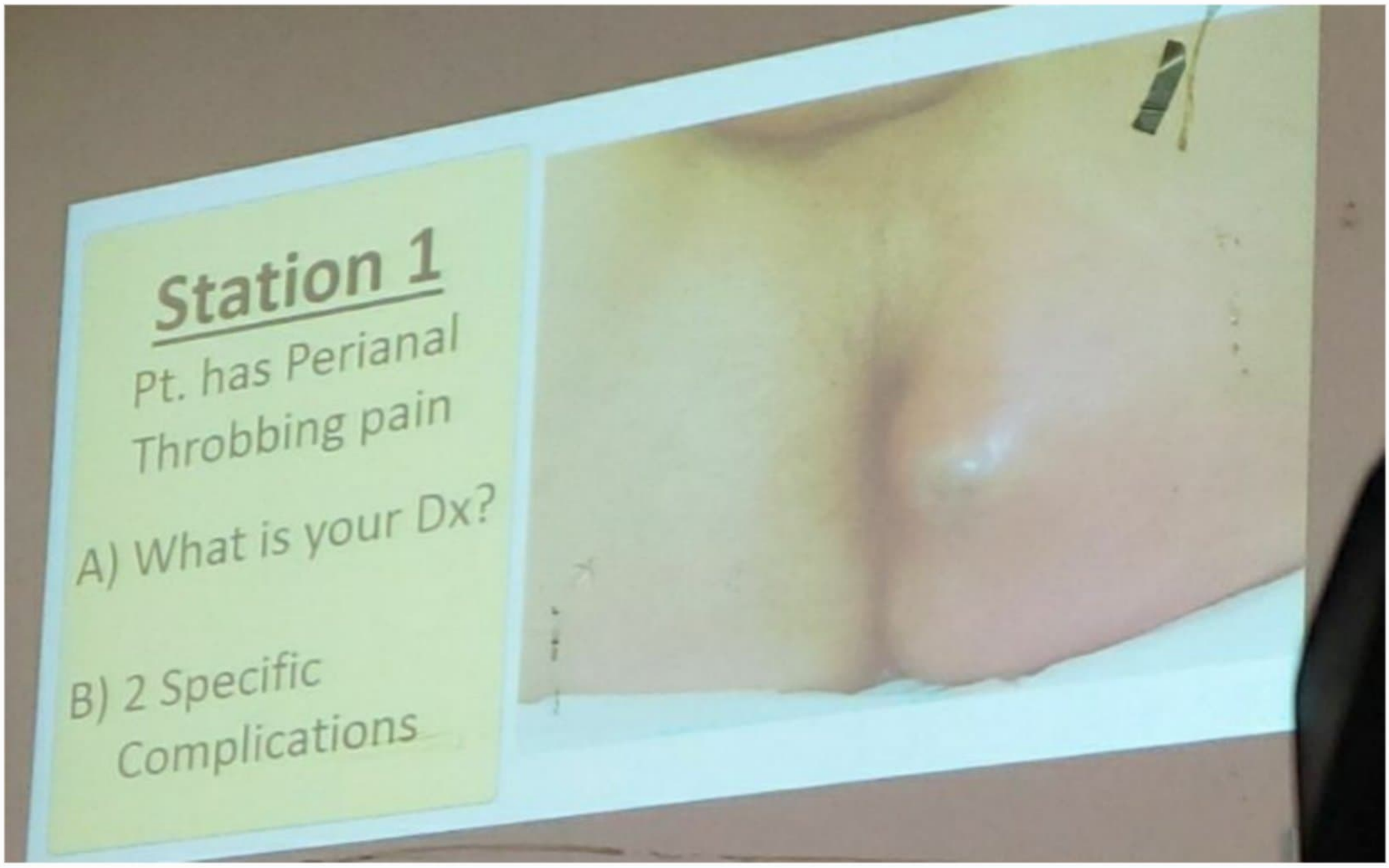
Immediate chest decompression

Treat obstructive shock if present

قال الدكتور :

Needle decompressiom in Rt second intercostal space now they said in 5th intercostal space

بس لما يقولك ايش الmanagment وماذكرش الimmediate قول Chest tube وما الى ذلك

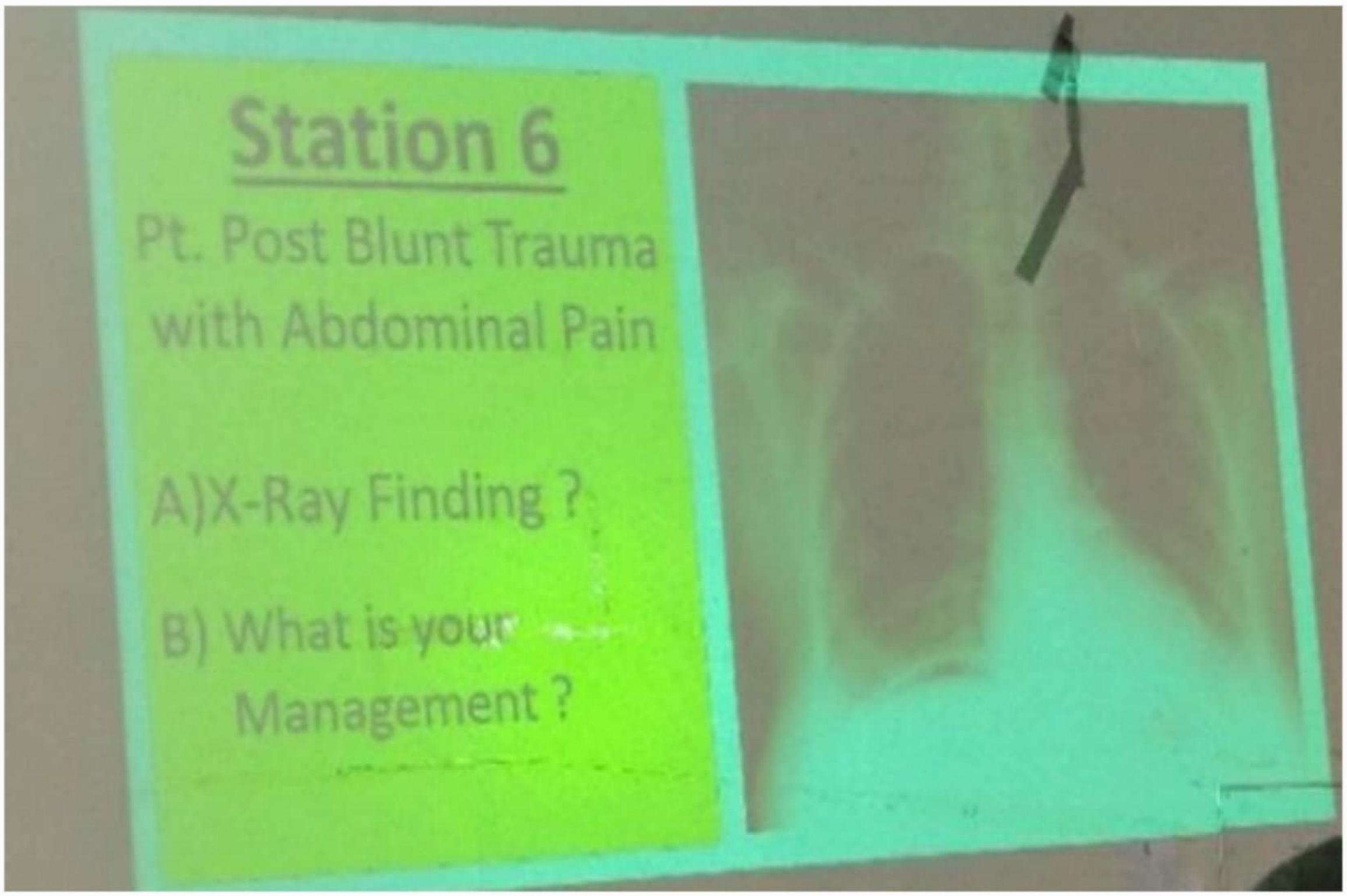


🚉station 1

a. perianal abscess

b anal fistula

bacteremia and sepsis



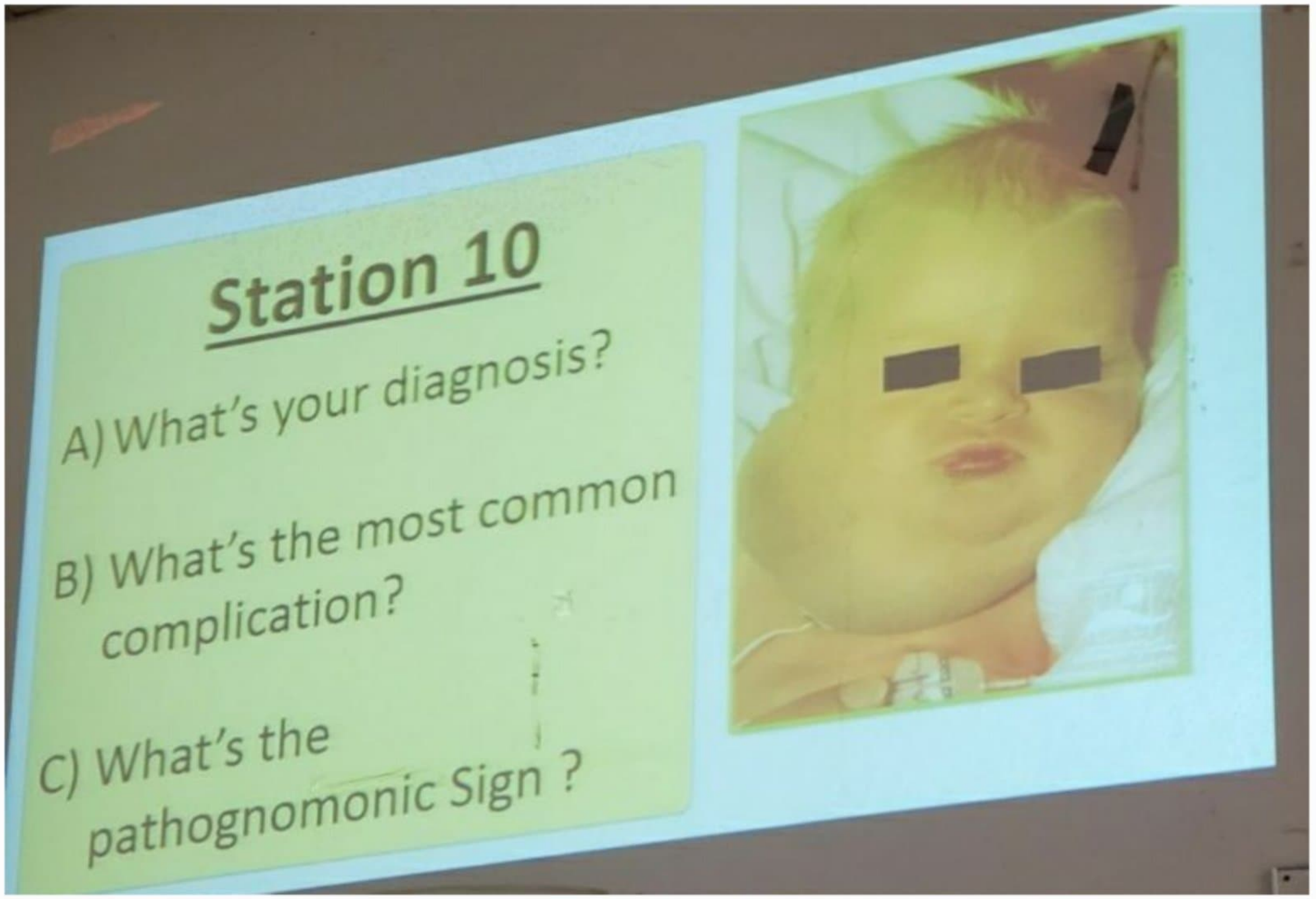
- Air under Rt copula of diaphragm

- NPO, IV fluids and broad spectrum antibiotics, urgent surgical consultation for laparotomy, analgesics and ante emetics, PPI

And serial abdominal examination and vital signs if pt develop sepsis or shock reguire critical care consult

الافضل في المانجمنت نقول الى حد ال laparotomy

الدكتور الشهاري قال فقط laparotomy



🚉station 10

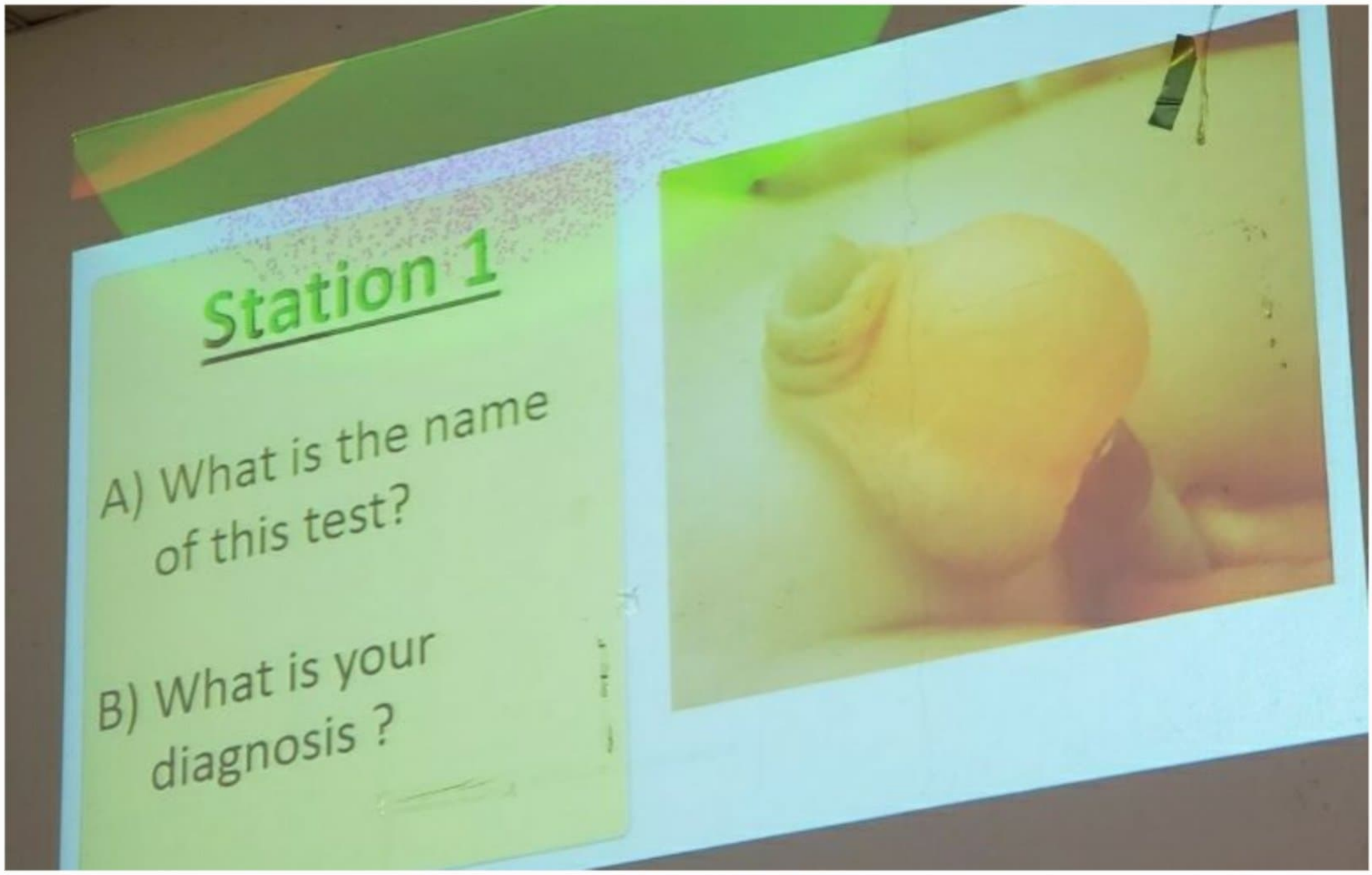
a.cystic hygroma

b.upper airway or pharyngeal obstruction ربما(maybe obstructed labor)

c.Positive transillumination test

B:

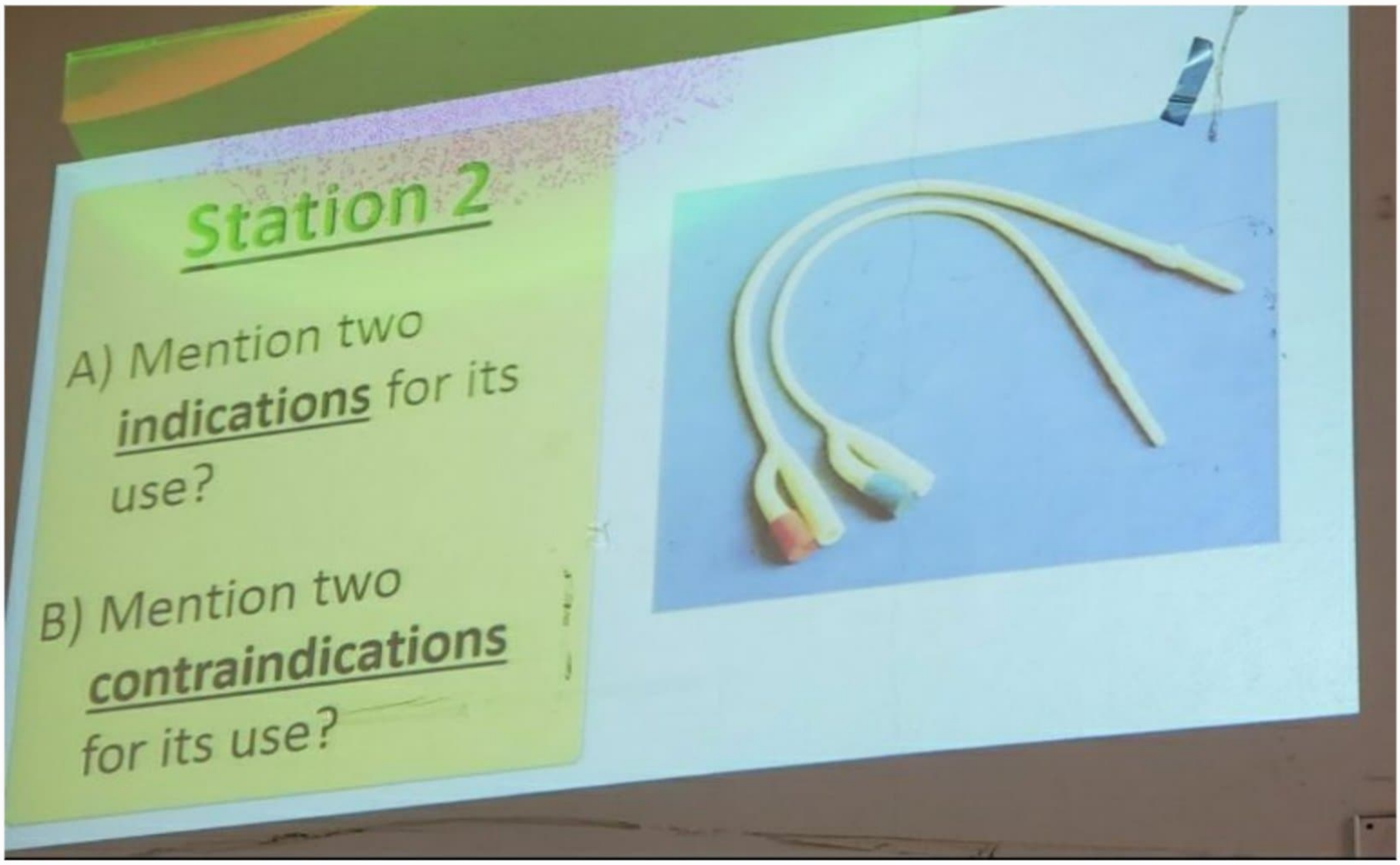
infection قال الدكتور الشهاري



🚉station 1

a. translumnation test

b. hydrocele



🚉station 2

a) 1.urine retention

2. monitoring of urine output in critically ill patients

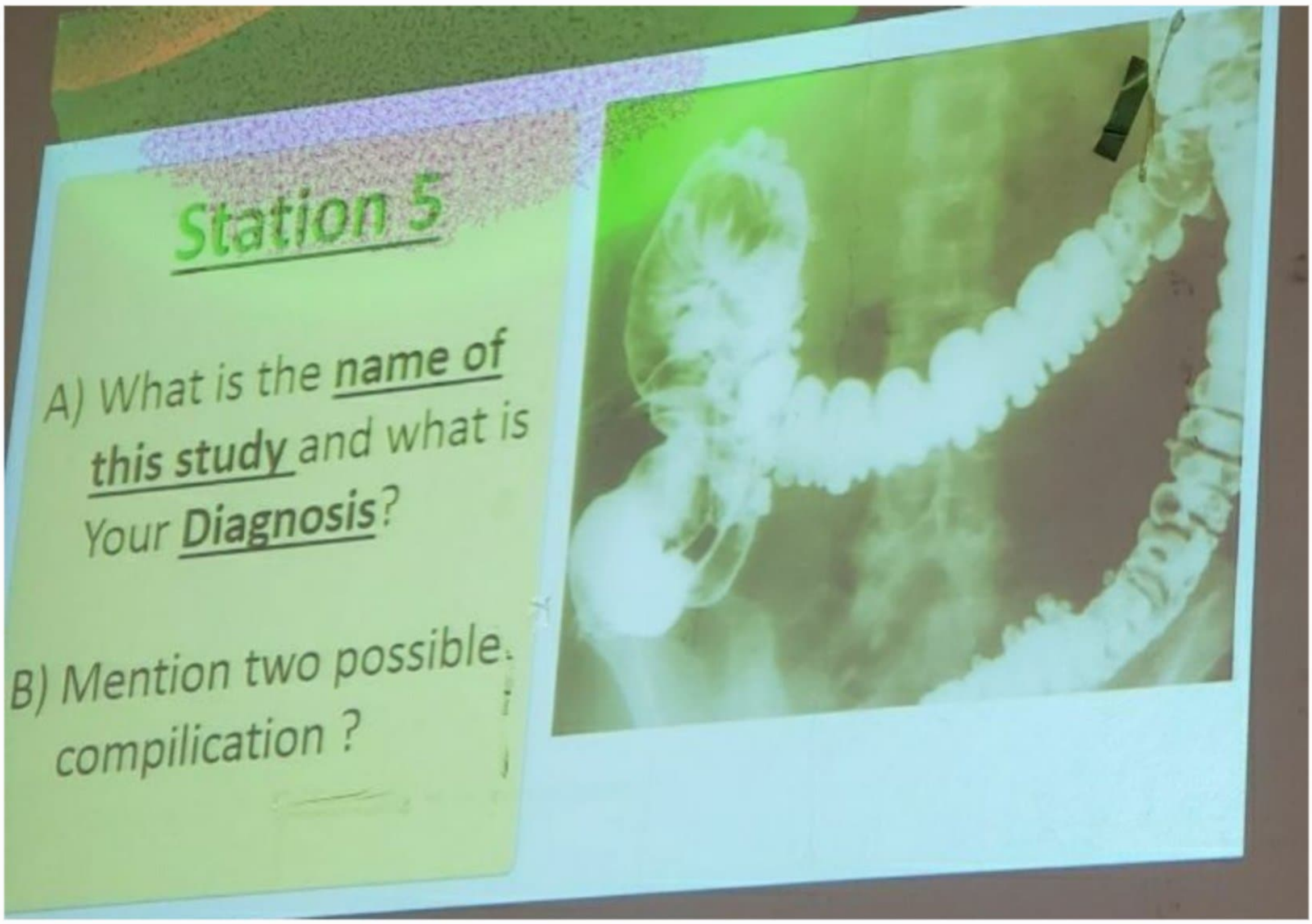
b) 1.Urethral trauma (injury)

2.high riding prostate

3.gross hemturia

4.Urethral pain and discomfort

5.Patient refusal



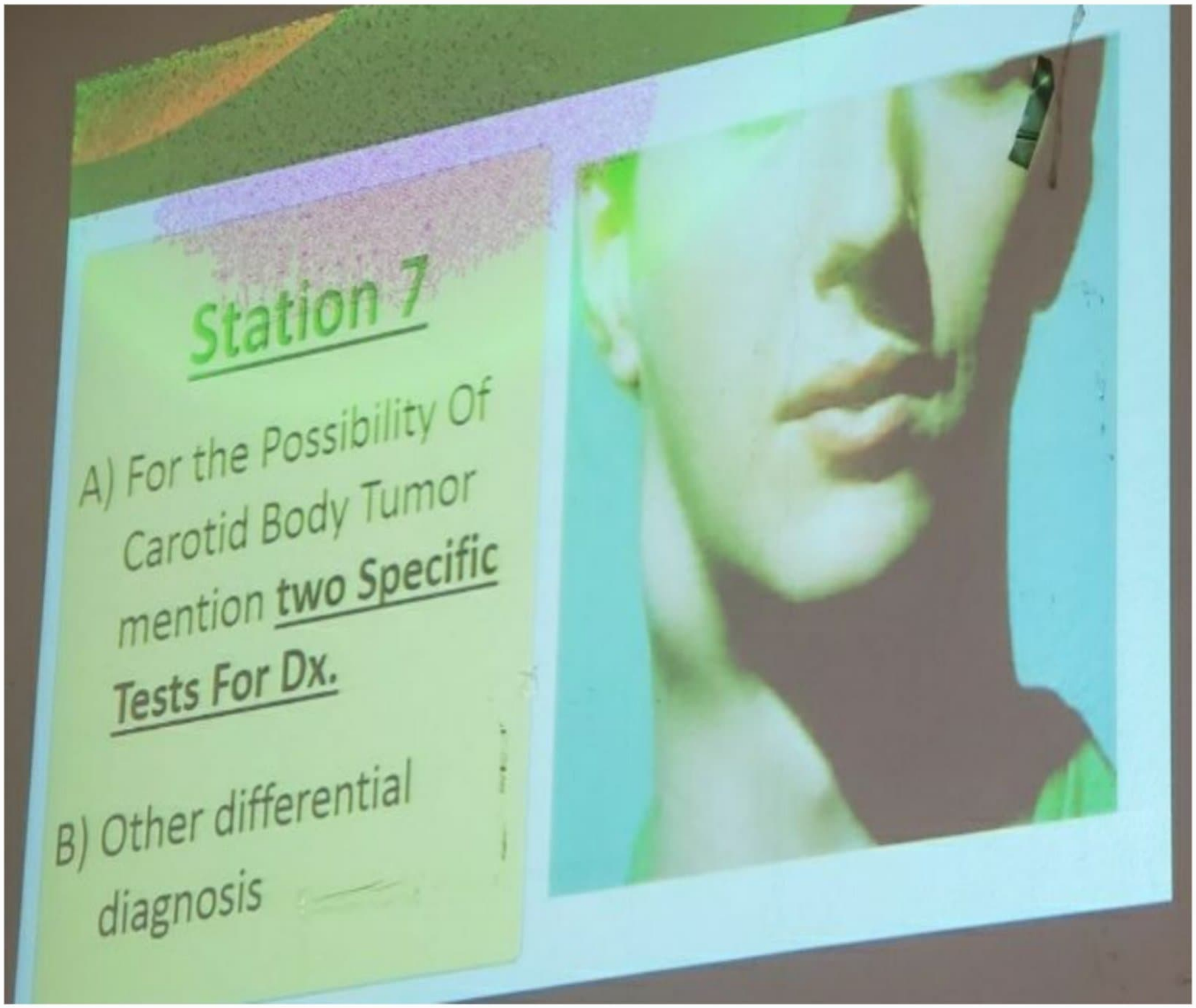
🚉station 5

A) Barium enema

Diverticulosis coli

B) acute diverticulitis

generalized peritonitis



🚇station 7

A)MRI

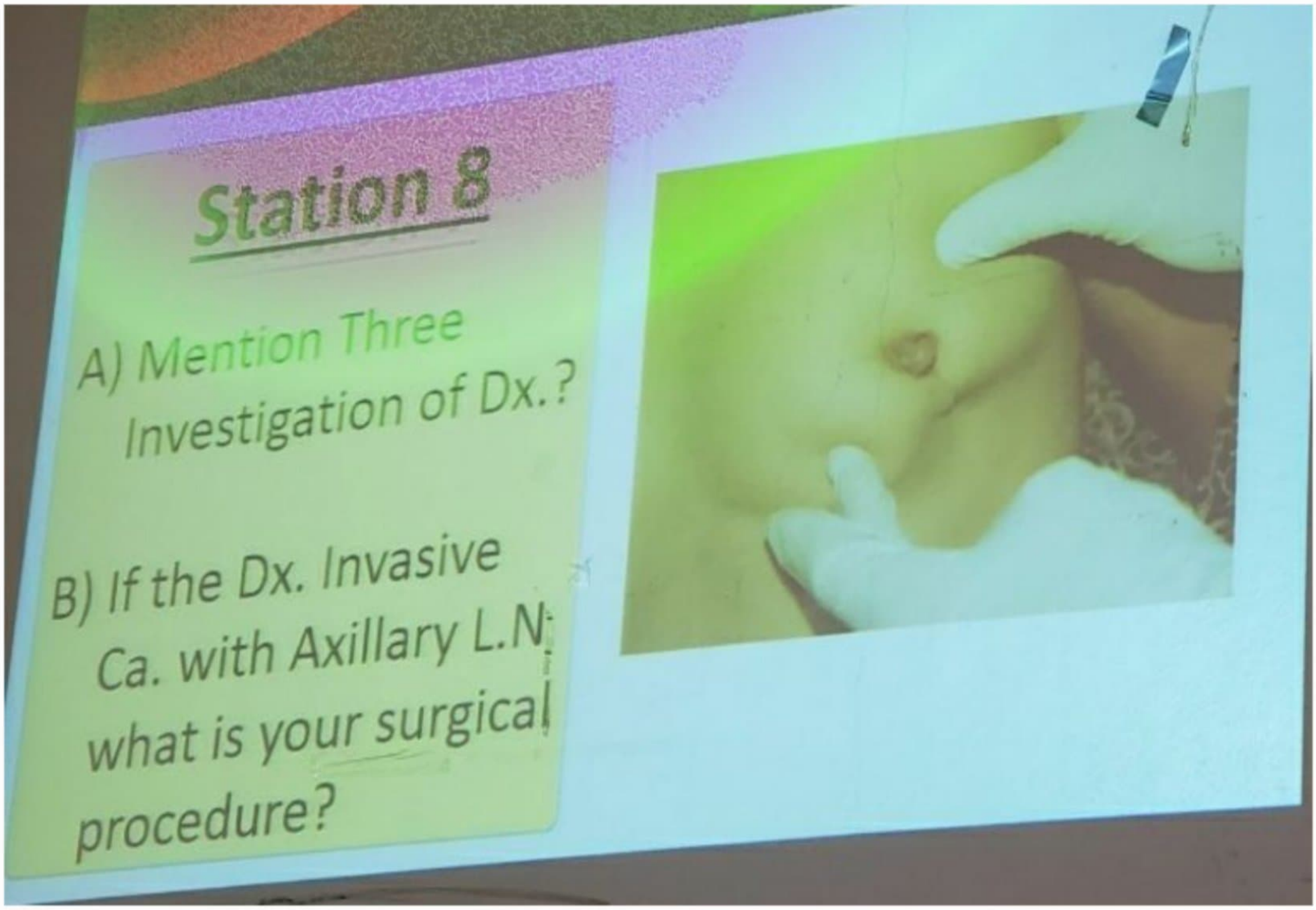
Digital subtraction angiography

b) Branchial cyst , TB cold abscess glomus jugular, strnoclidomastod tumor , carotid aneurysm , LN enlargement, lymphoma

قال الدكتور الشهاري اهم investigations :

Duplex ultrasound
Ct angiography

وكان السؤال الثاني ايش الcomplications
قال
hemorrhage
Fistula
Gustatory sweating (frey syndrome)



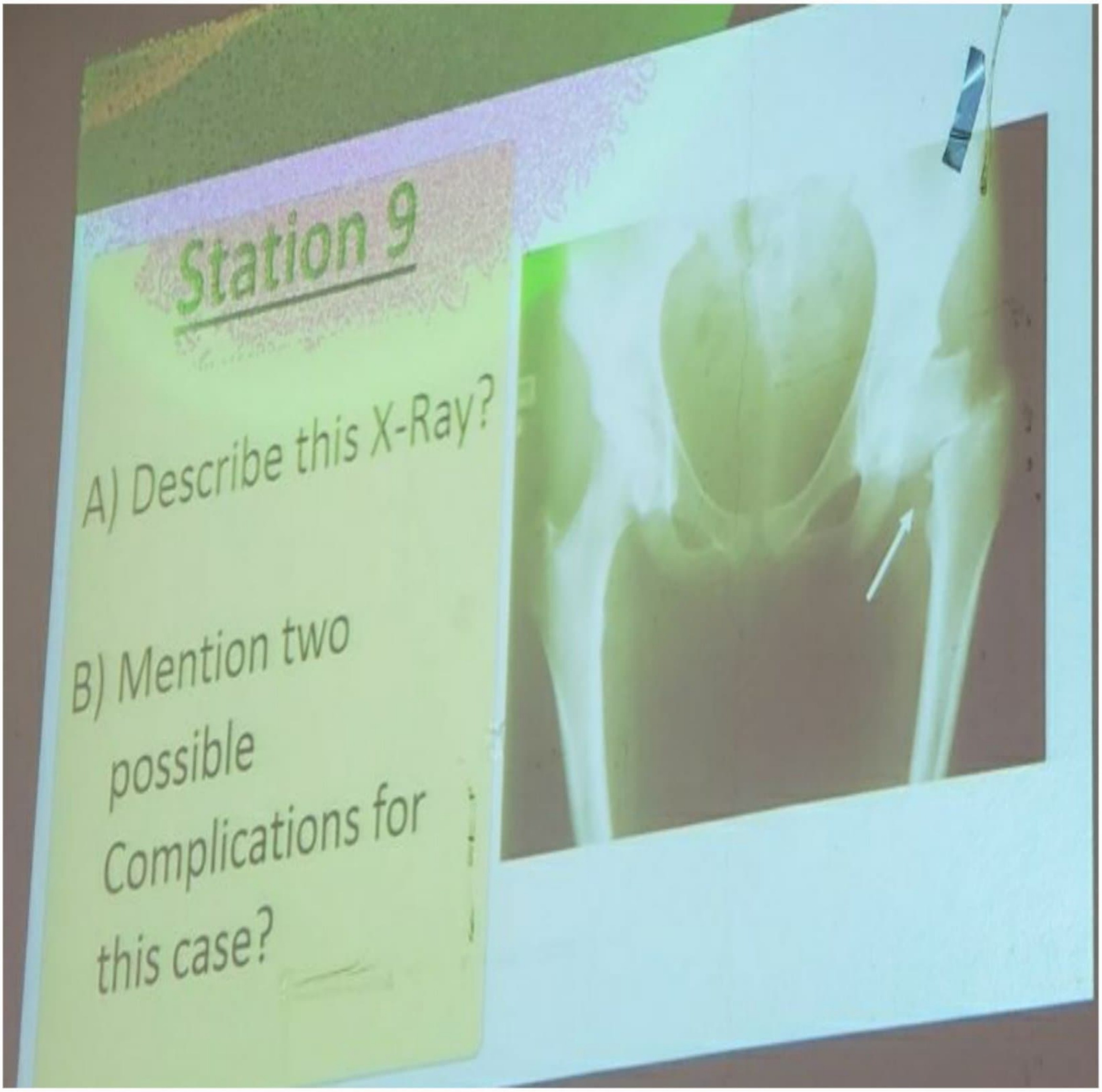
🚉station 8

a) Mammography

MRI

Biopsy

b)Modified radical mastectomy with axillary LN dissection and adjuvant systemic therapy



🚉station 9

A)plain pelvic x-ray show lt. trnscevical (intracapsular fractur)of femur neck

B) Avascular necrosis

delayed or nonunion

زيدوا اتاكدو ربما تكون intertochantric

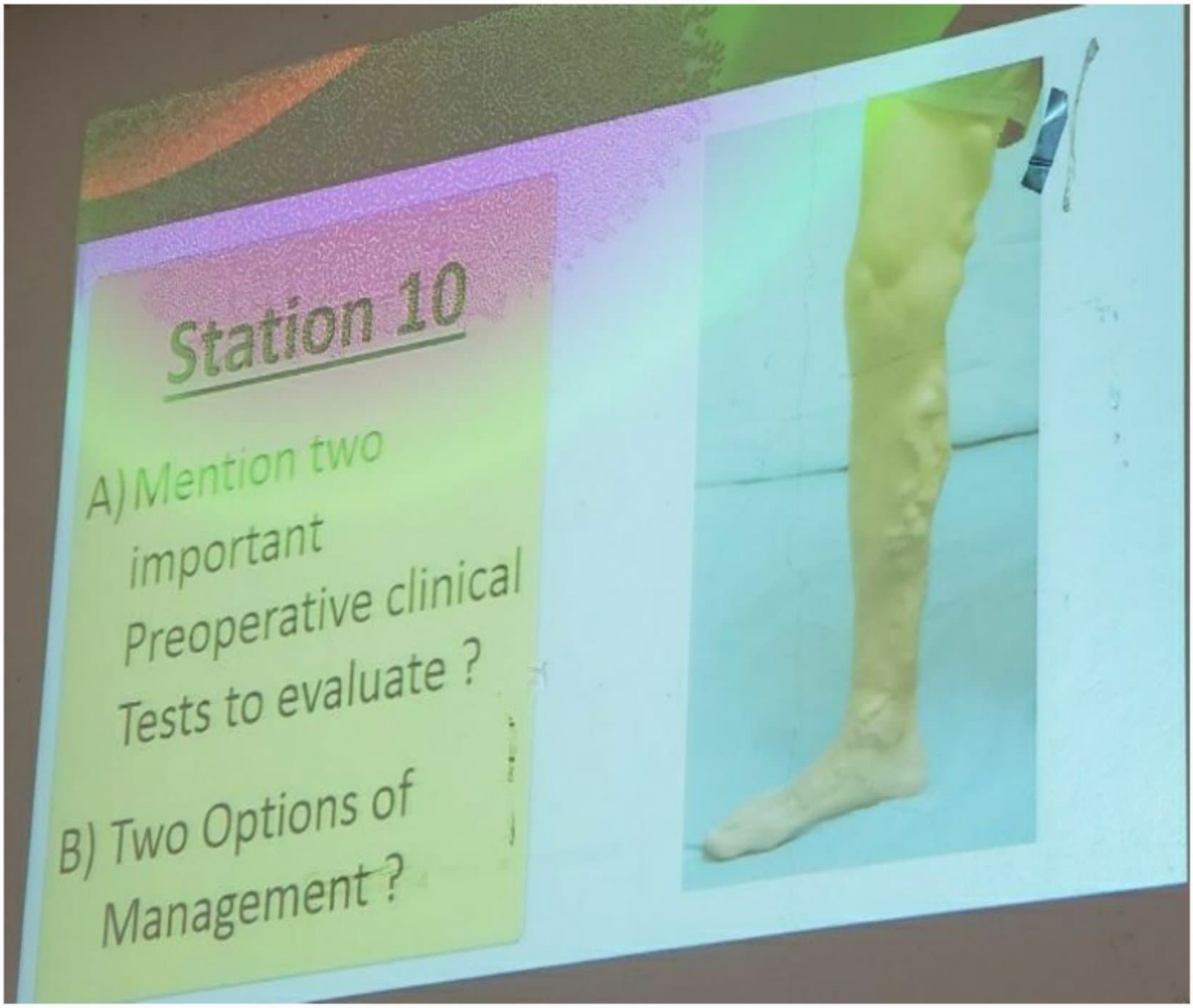
الافضل مانحددش النوع

والمضاعفات نكتب:

1/ thromboembolism
2/ maluniom or nonunion

لانو ال avascular necrosis خاص

بال intracapsular



🚉station 10

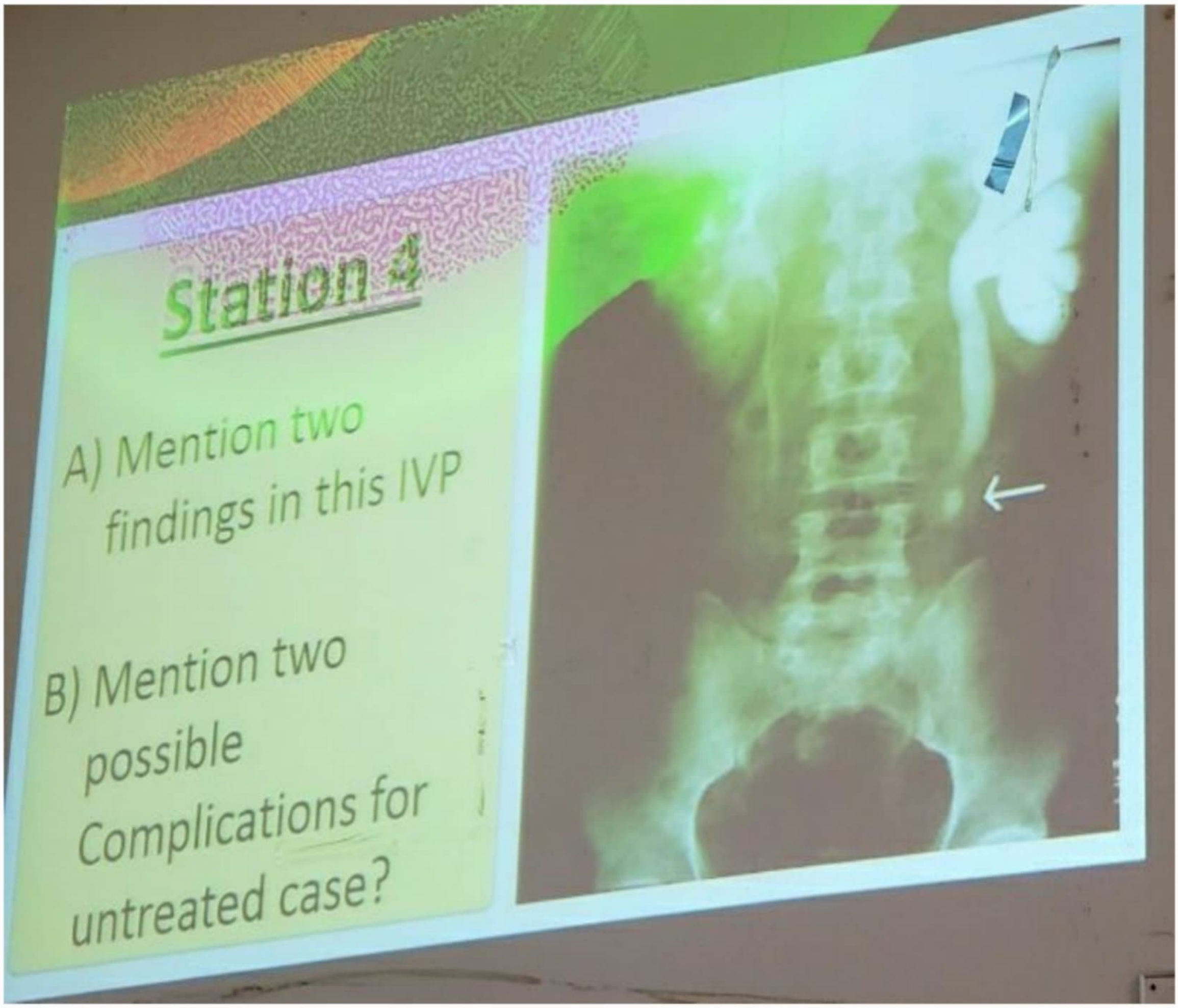
A) Trendlenbrurg test

Modified Perthe's test

B) conservative ttt

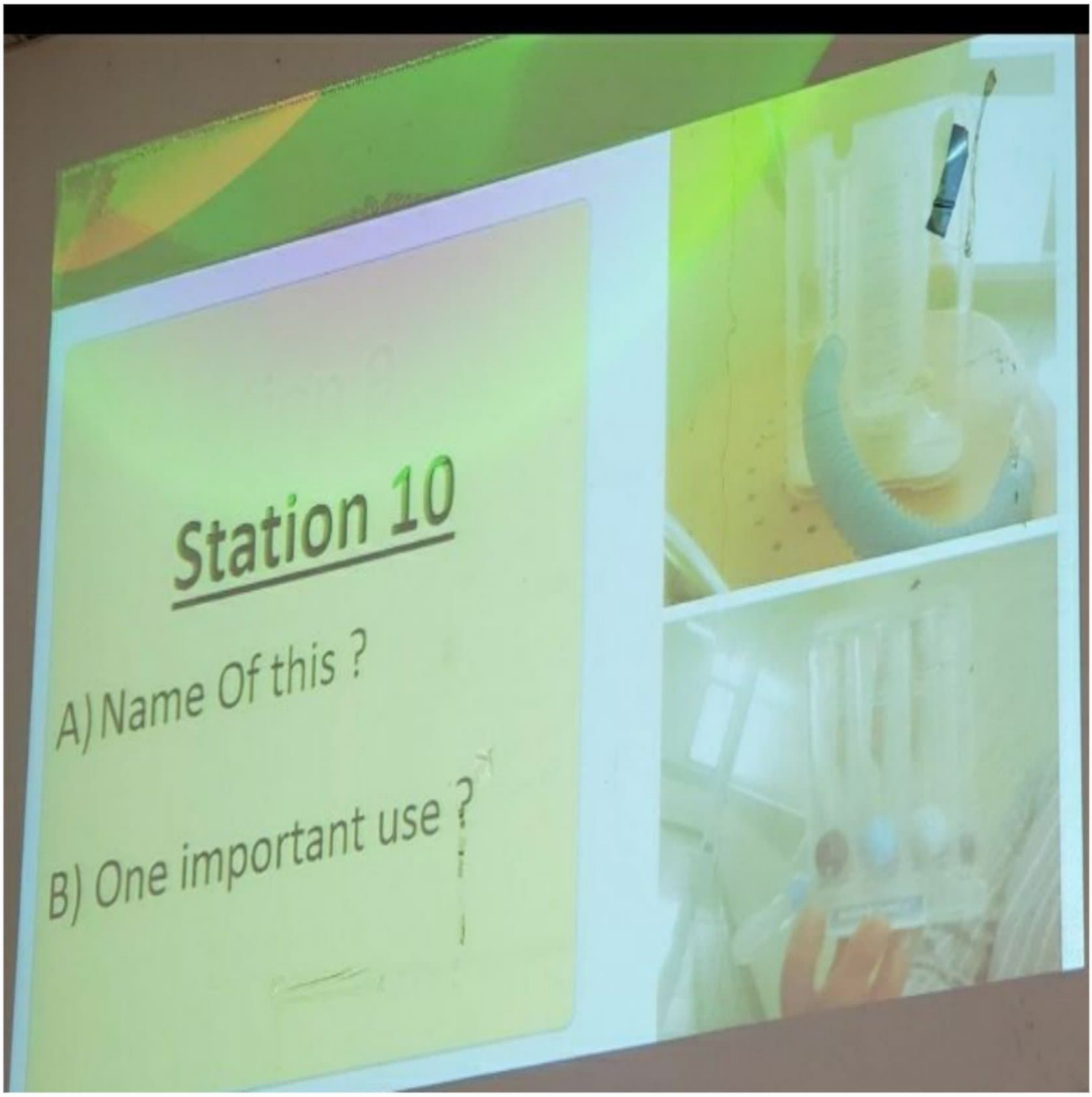
inj compression sclerotherapy

operative like trendelenburg op.



Ureteric obstruction
Dilated calyces of the left kidney

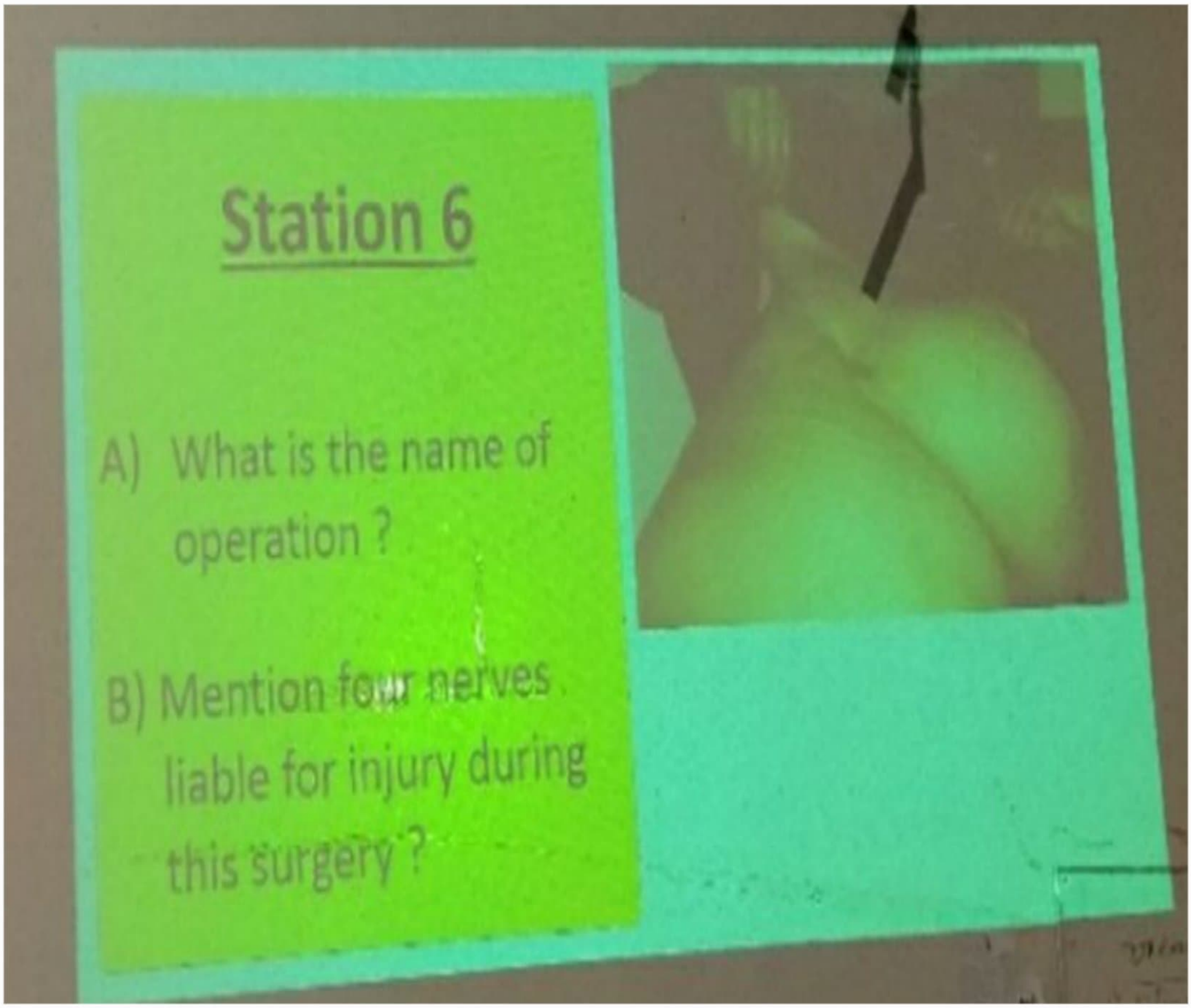
Inflammation of the kidney and hydronephrosis leading to permenant glomerular damage
AKI



🚉station 10

a.spirometry

b.To improve atelectasis



🚉station 6

a. Modified radical mastectomy

b. 1. Medial and Lateral pectoral N

2.Long thoracic N

3.Thoracodorsal N

4.intercostobachial nerve N

5.nerve to latissimus dorsi

*به صورة
Incisional hernia
نقول
Midline incisional hernia
managment : hernioplasty

*صورة فتح وازالة للhydatid cyst
نسميها
Open endocystectomy

*حالة old age فيه تغير في لون البول والبراز
وmass في الRt iliac fossa ووو

الdiagnosis نقول
Malignant obstructive jaundice
investigations. ERCP, MRCP, Ct

*صورة ل dupple J catheter

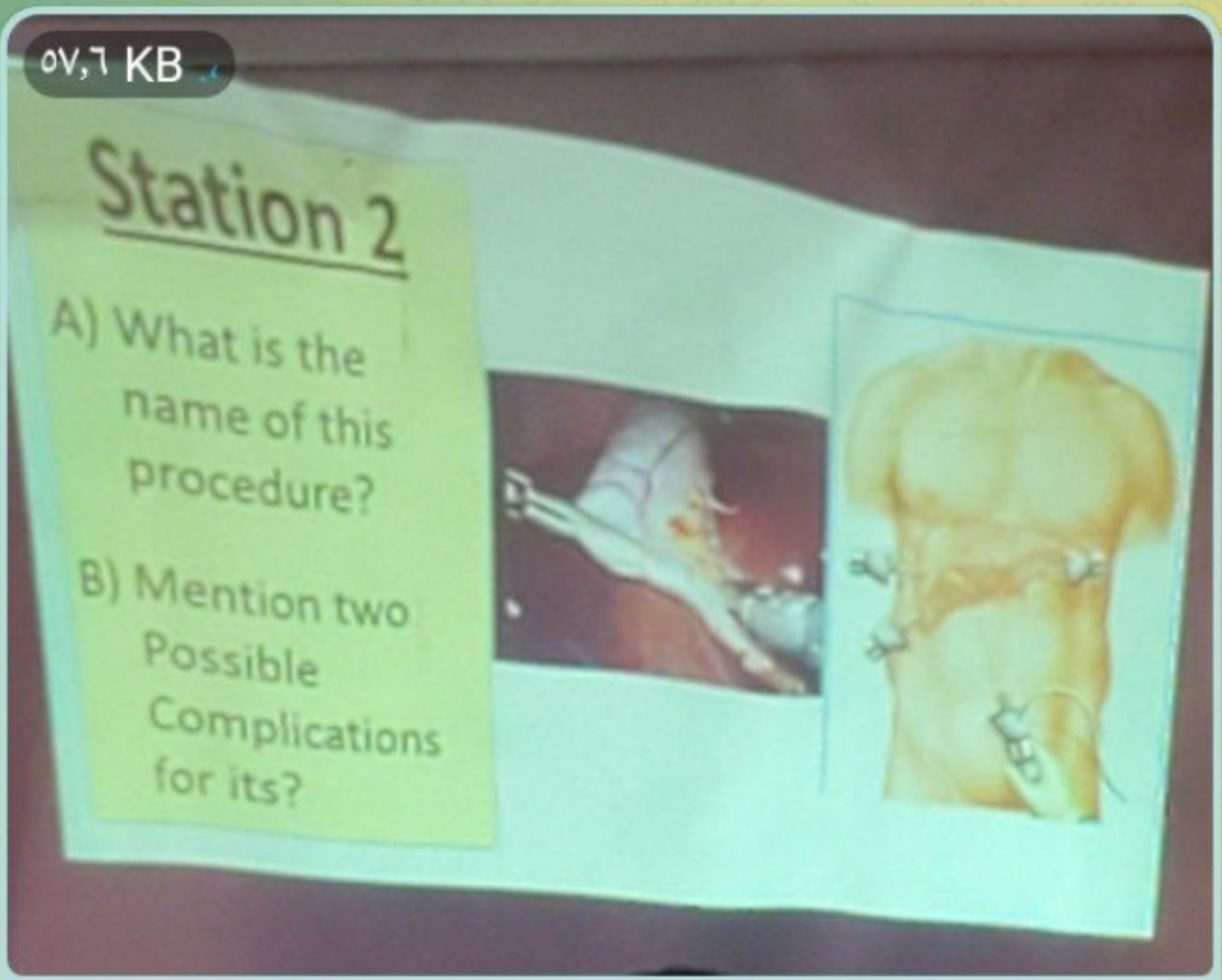
Other options for kidney stone
قول
Medical treatment, surgical, endoscopic

*صورة supracondylar fracture
=Injury to median nerve

*Laparoscopic cholycystectomy
Complications :
Hemorrhage, biliary injury

*The two main steps before folys
catheter insertion :
Sterilization, lubrication

One important step before removal of it:
deflation of ballon



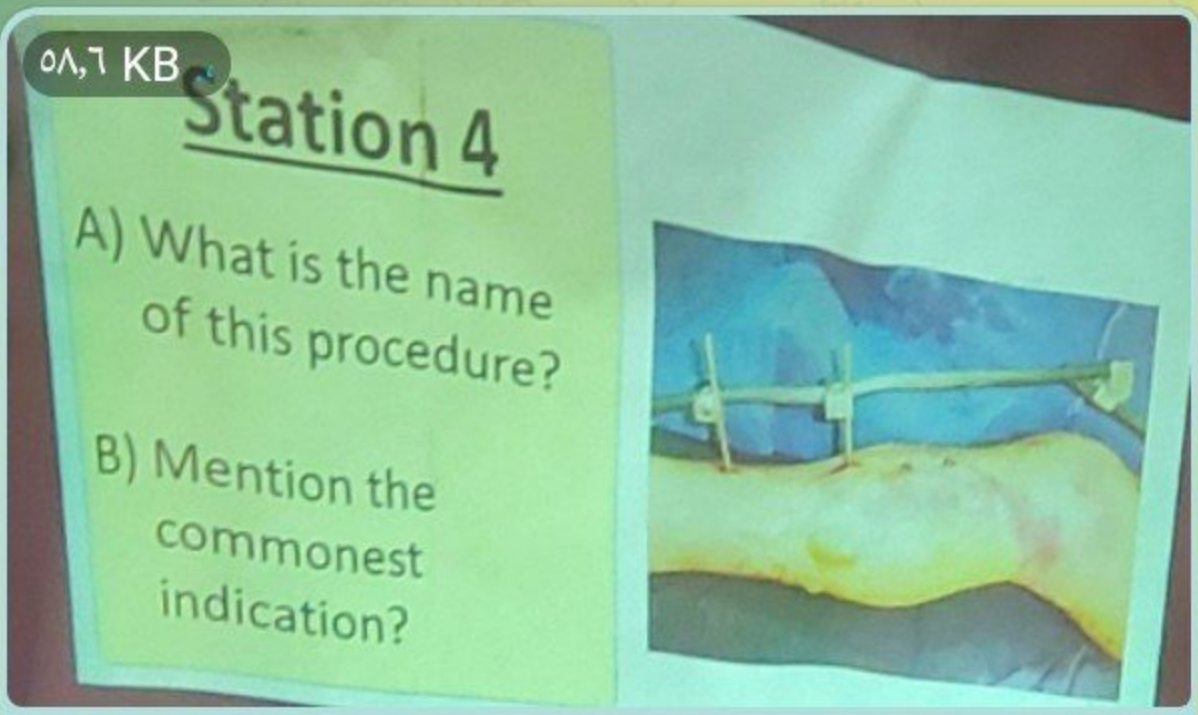
a(laproscopic cholecystectomy

b)leak of bile
bleeding
obstructive

ص 1:23

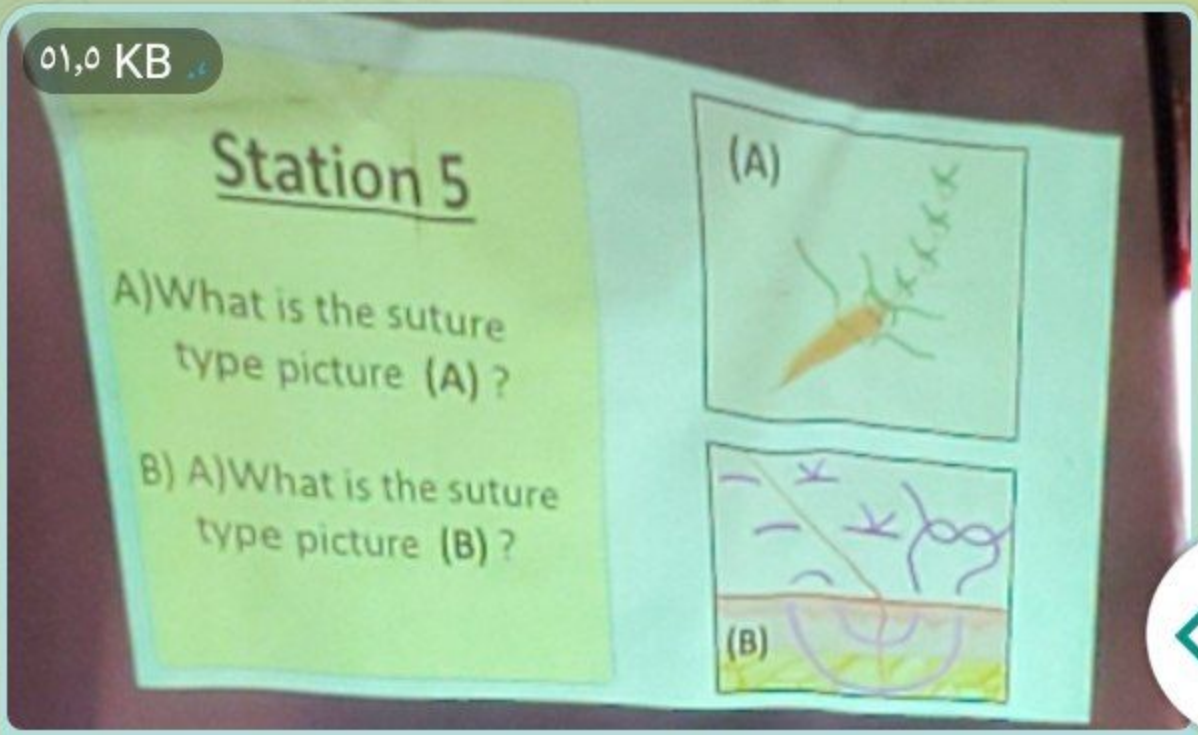
obstructive

ص 1:23



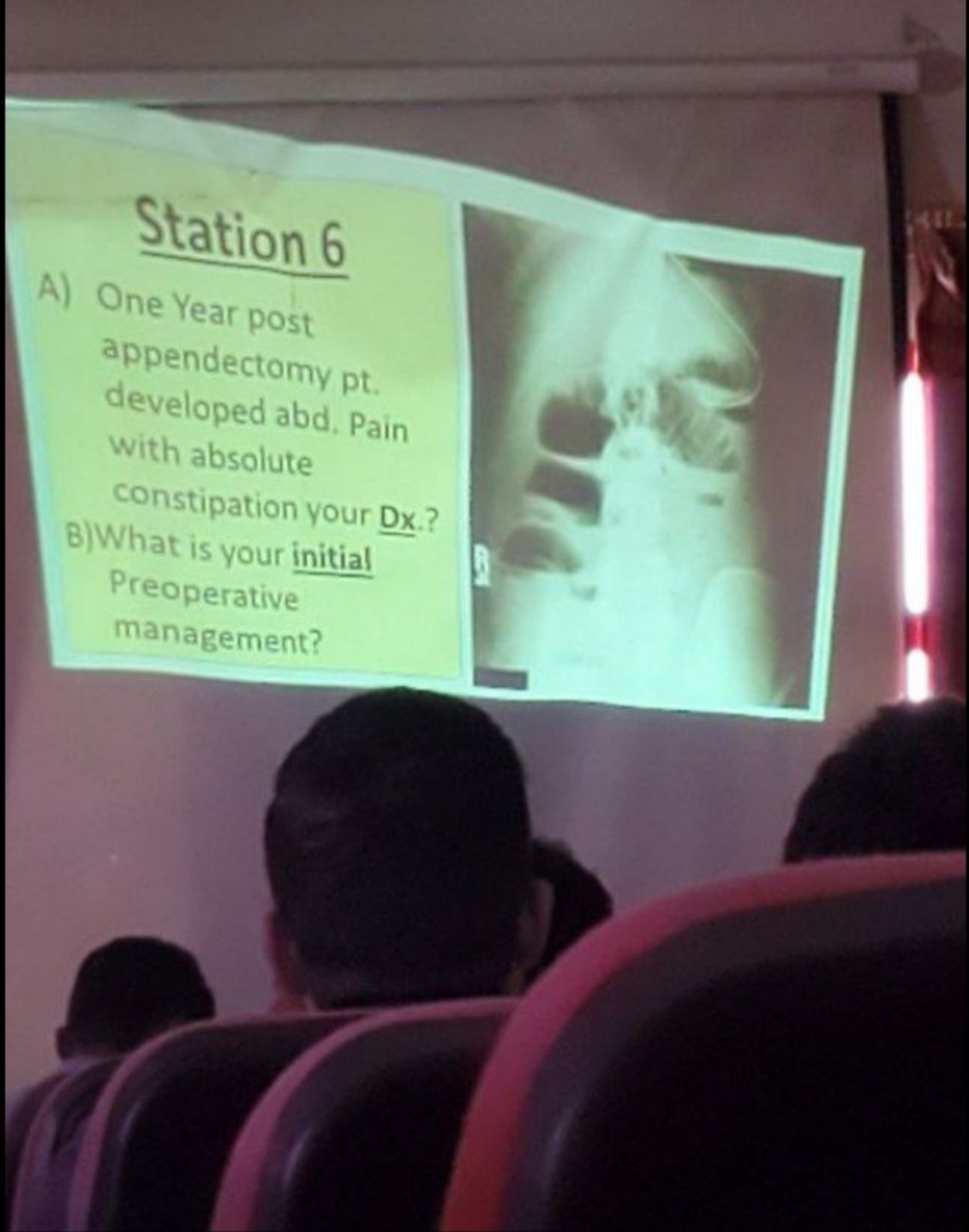
A)external fixator for compoud tibia fracture(hoffman, dynamic external fixator
b)copmound or open fracture or communitied

ص 1:24

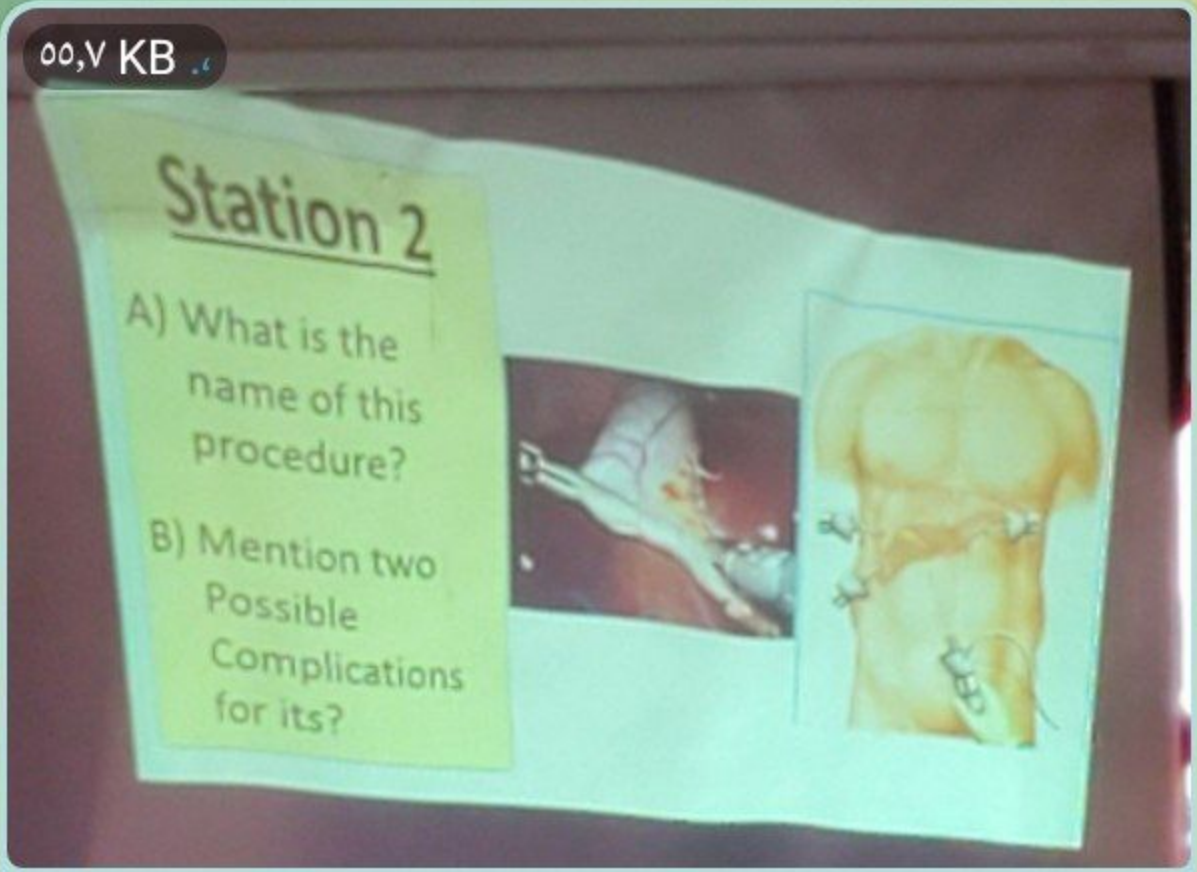


A)simple interrupted suture
b)vertical matress suture

ص 1:

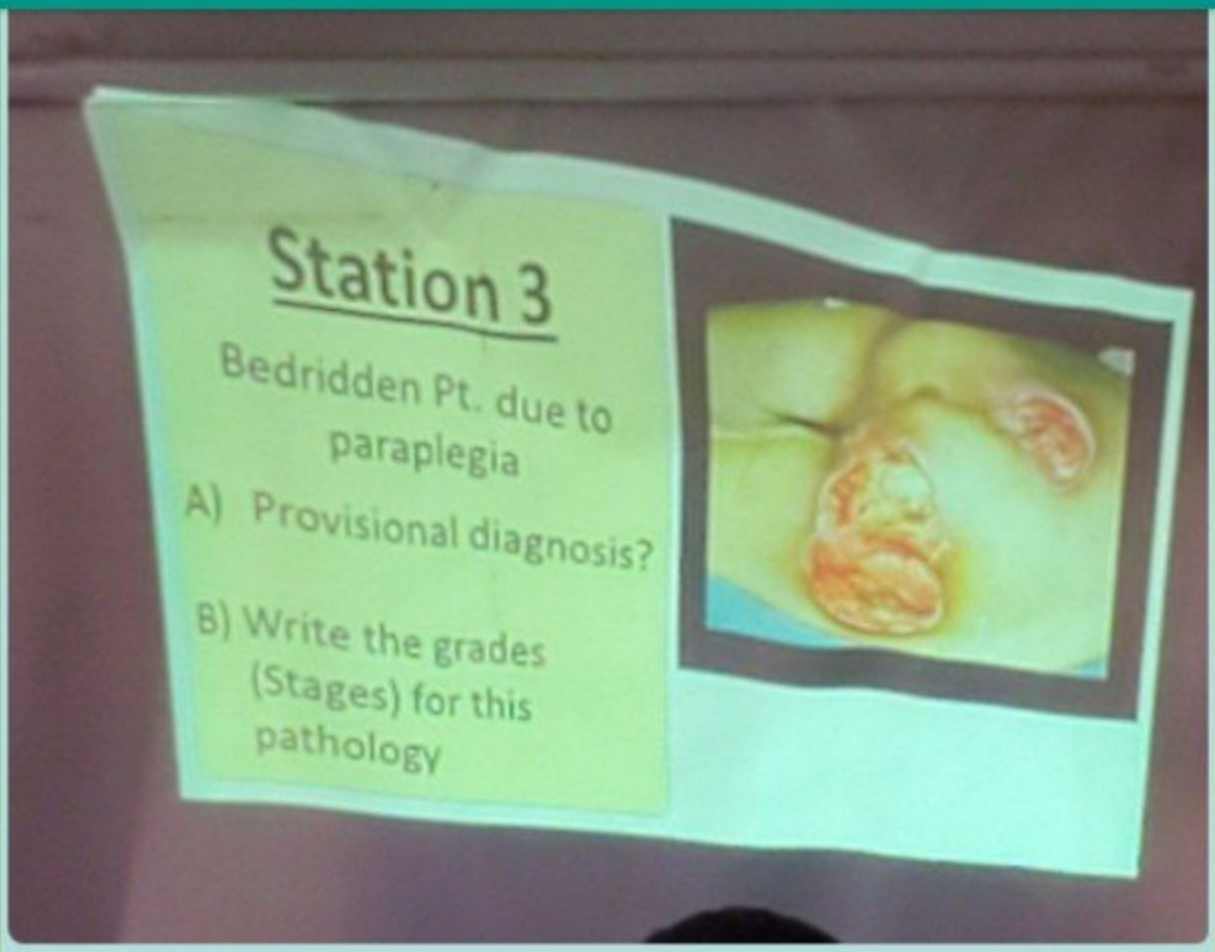

Station 6
A) One Year post appendectomy pt. developed abd. Pain with absolute constipation your Dx.?
B)What is your initial Preoperative management?

post appendectomy so A)adhesive intestinal obsturction
divertucilits



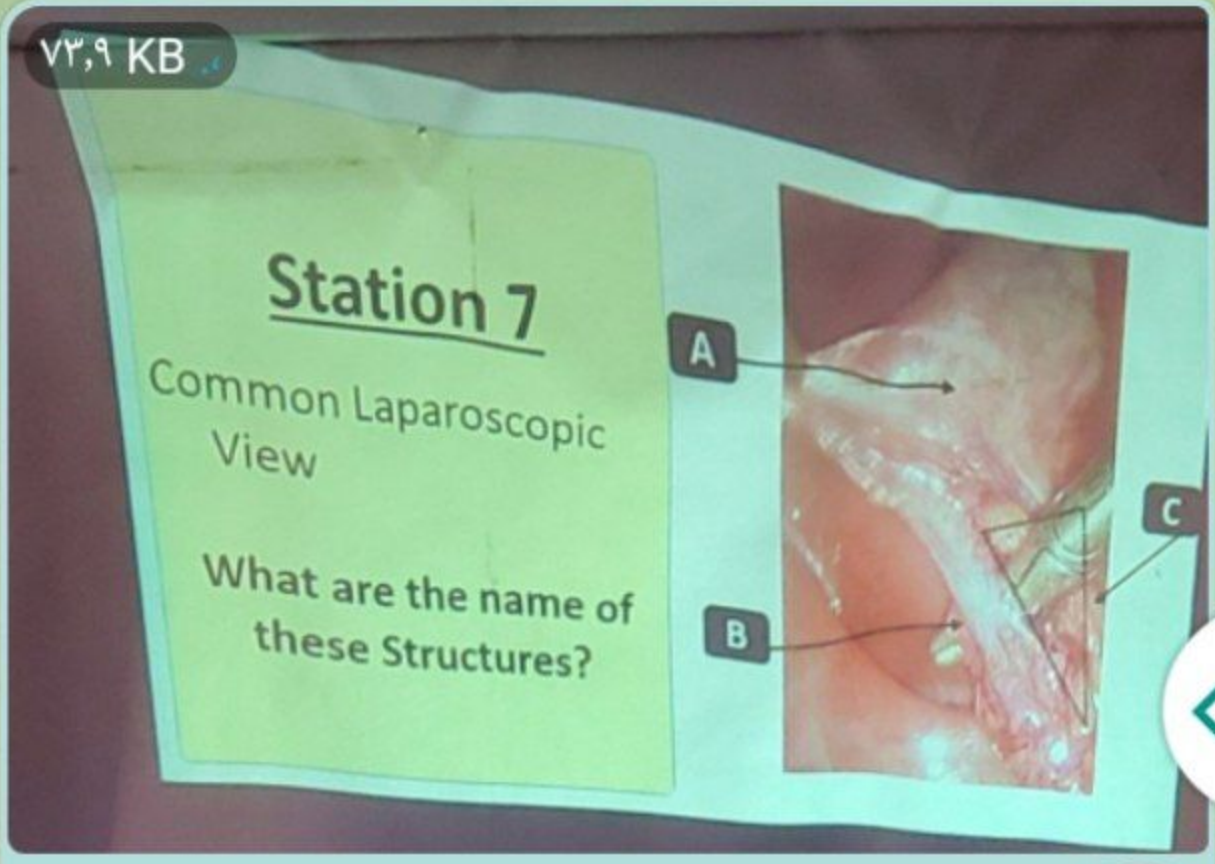
a)open laparoscopic cholecystoectmy
tallort triangle
b)leake bile
injury
bleeding
cholangitis

1:24 ص



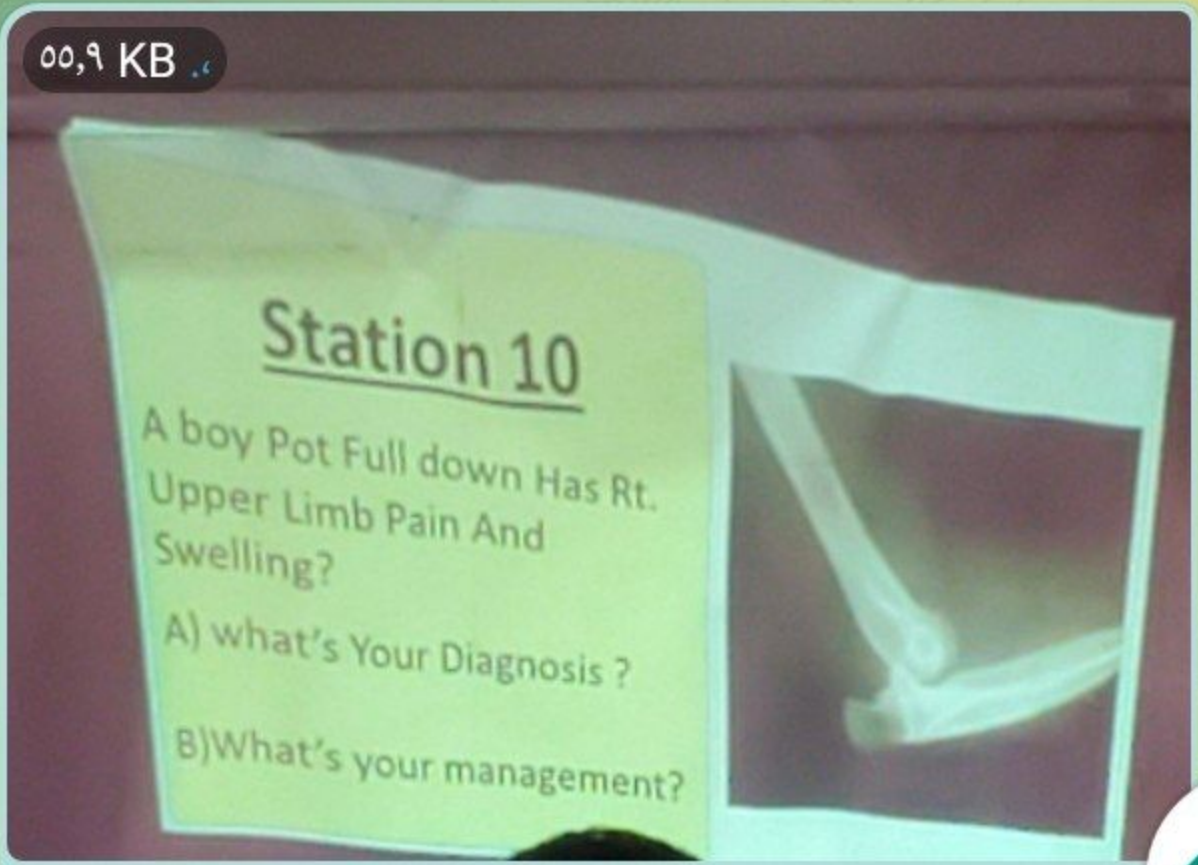
beds sore
stage 4

1:24 ص ✓✓



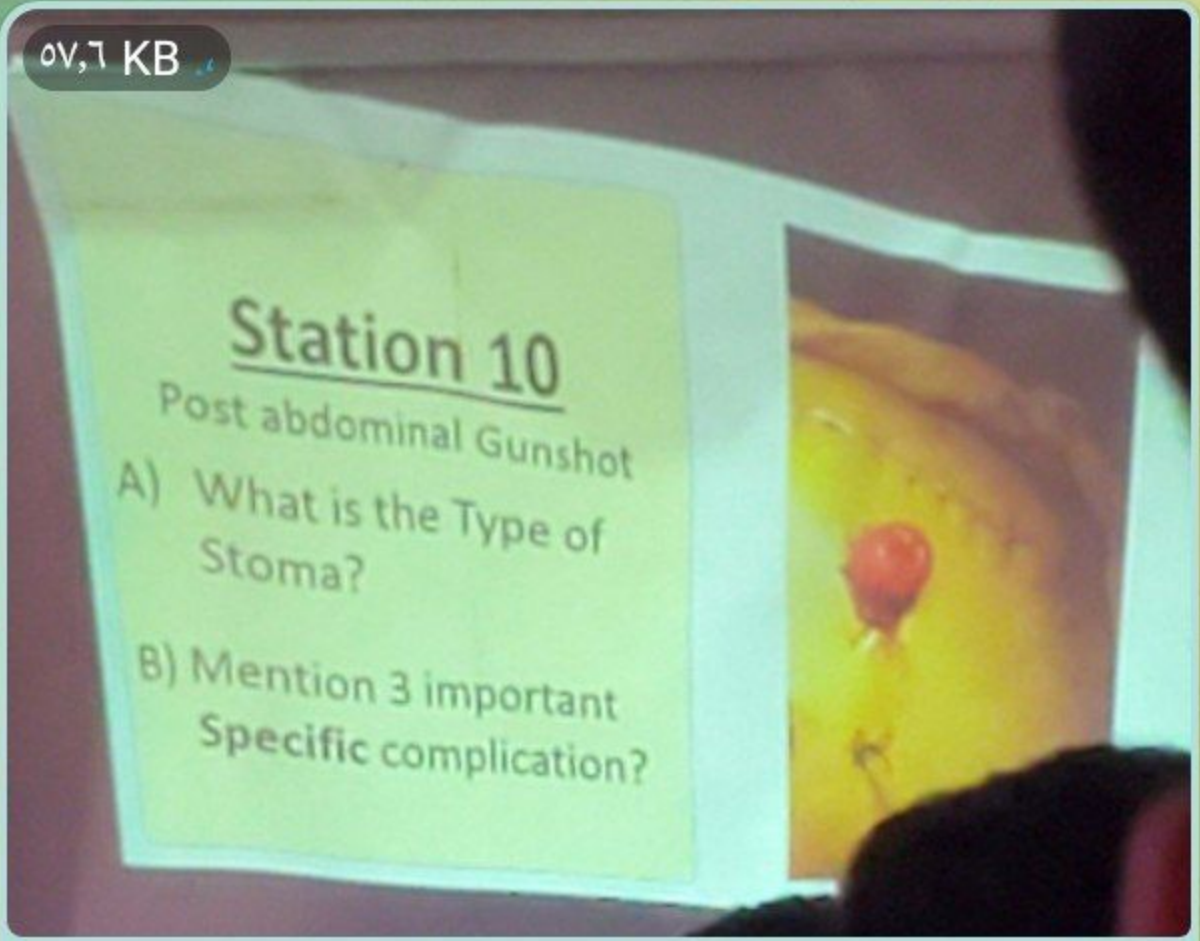
a... gallbladder
b...CBD

1:2٥ ص



post dislocation.. rt elbow reduction

1:31 ص



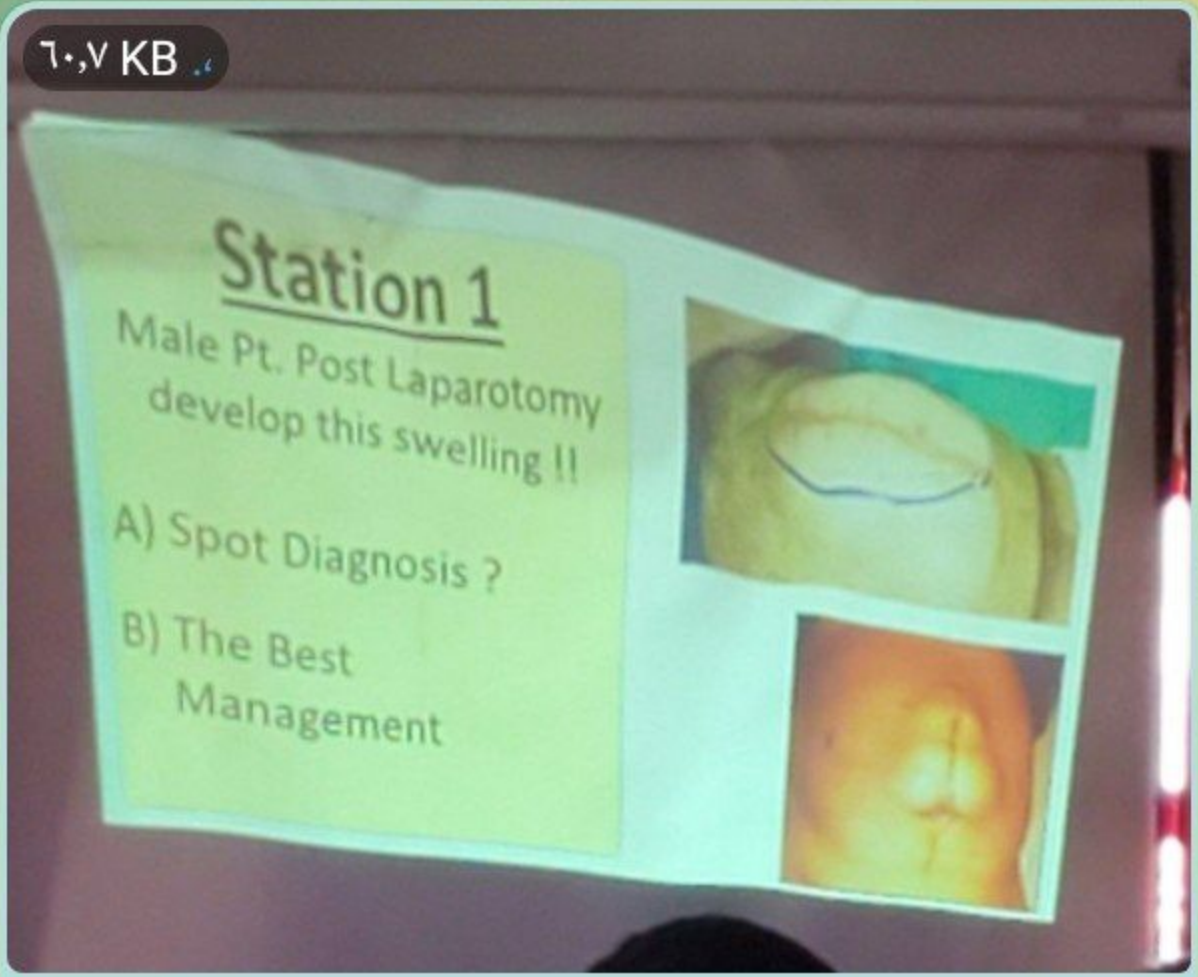
a. . end ileostomy.. rt side

b.... prolapse
parastomal hernia
retraction
irritiation

1:34 ص

initiation

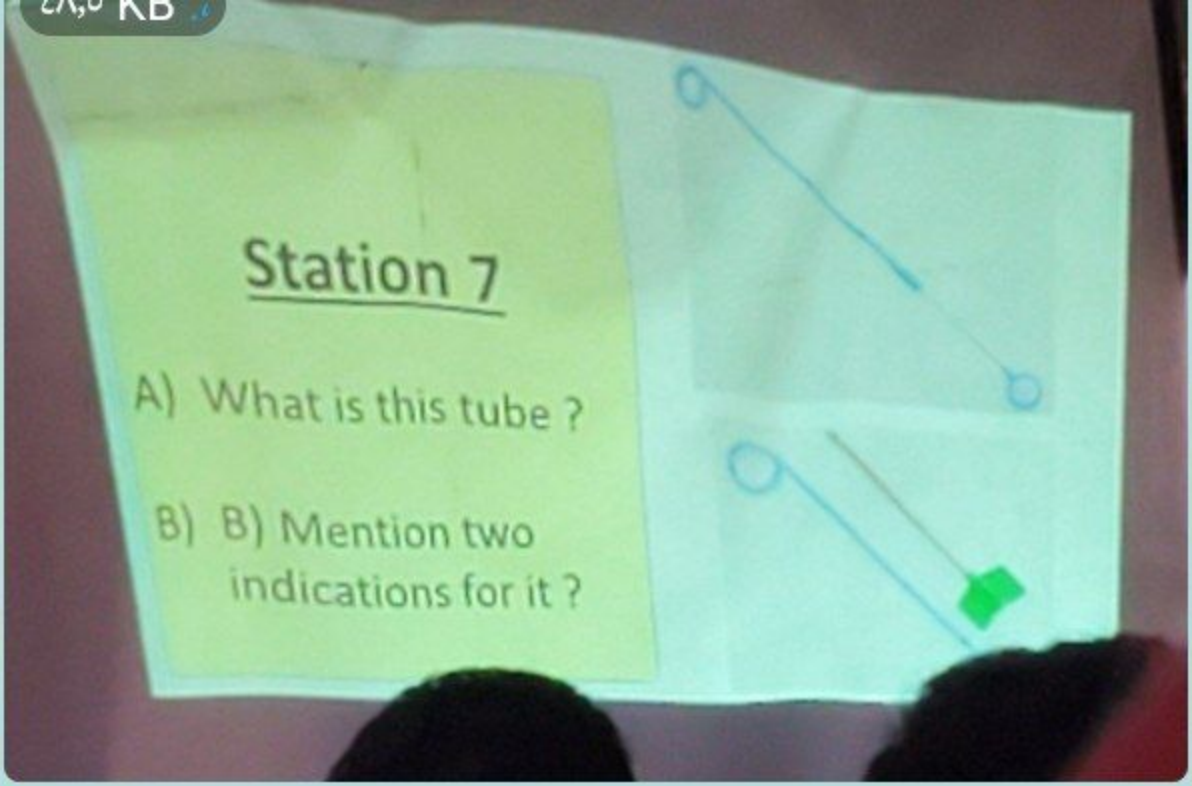
ص 1:34



a.. incisional hernia

b.... hernioplasty
may's.. repair

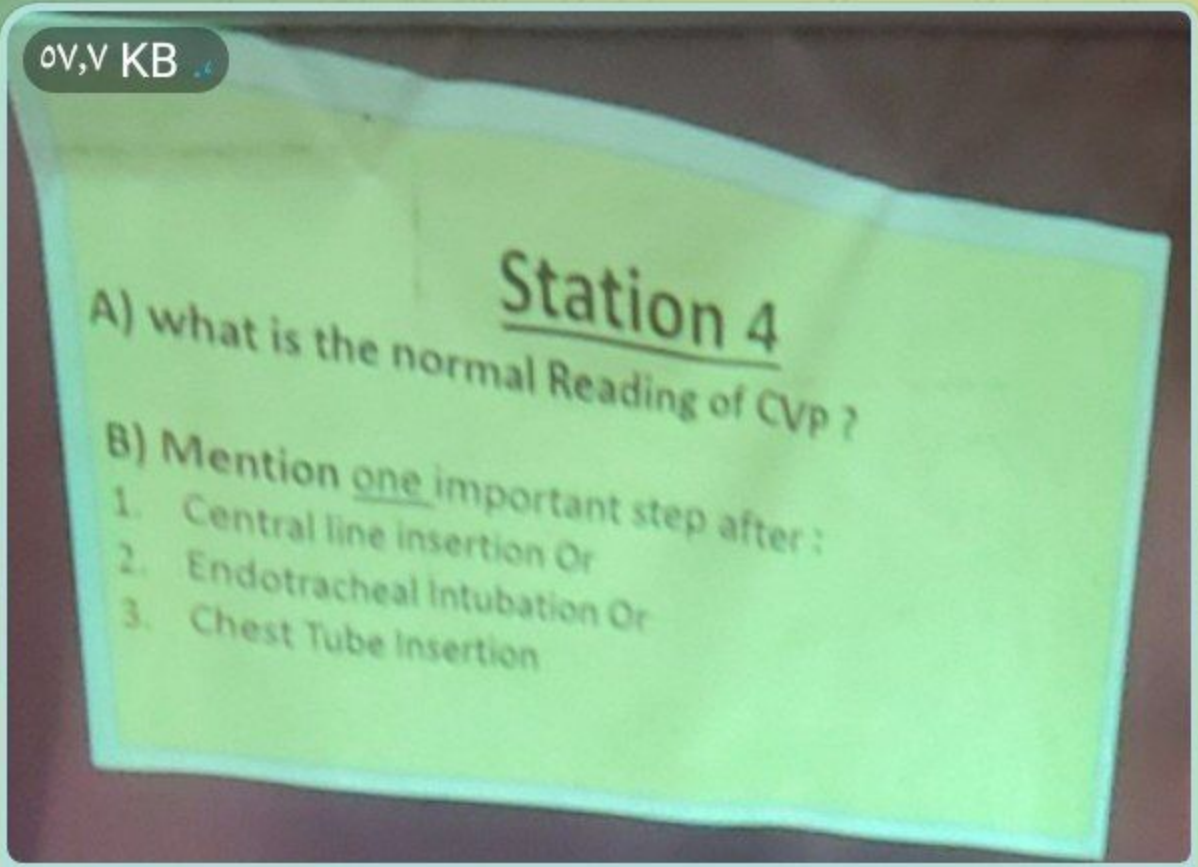
ص 1:36



a. . . suprapubic ~~cystectomy~~ or cystestomy

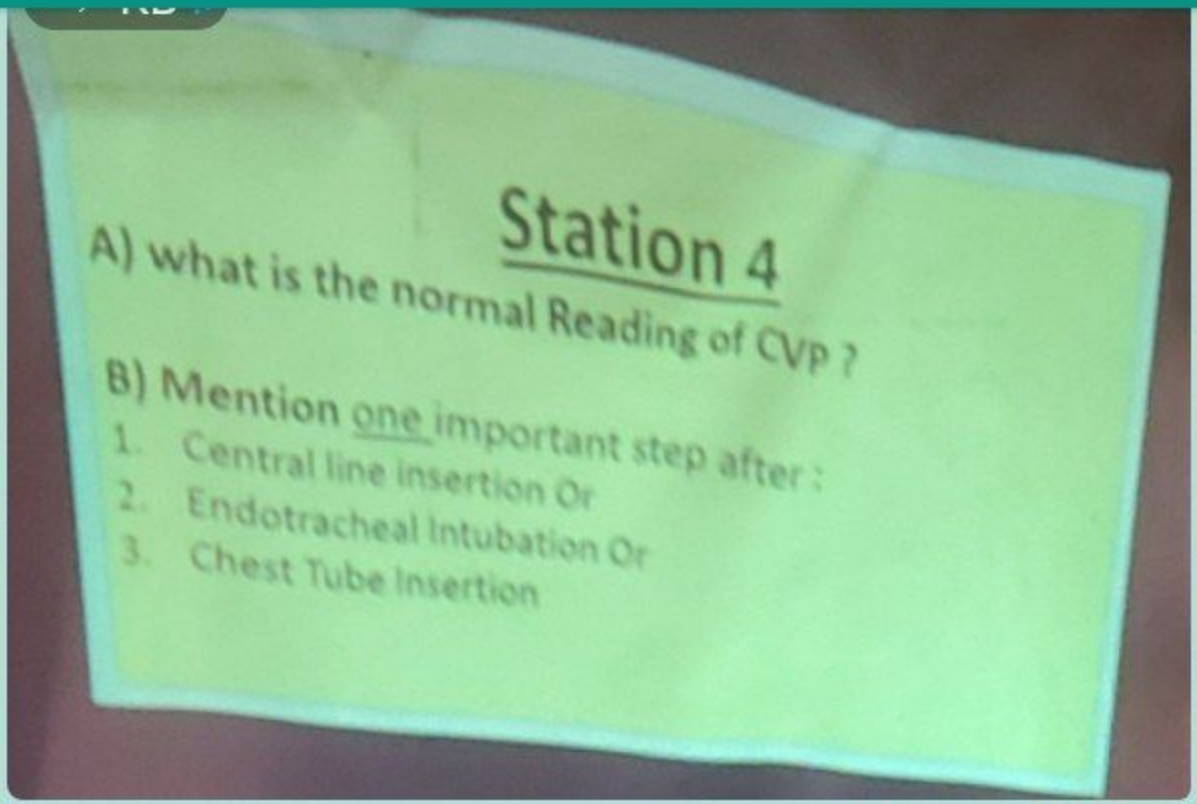
b.... urethral inj
stricture
tumor

معدلة 1:55 ص


٥٧,٧ KB
Station 4
A) what is the normal Reading of CVP ?
B) Mention one important step after :
1. Central line insertion Or
2. Endotracheal Intubation Or
3. Chest Tube Insertion

a.. 8-12 cm water
b.... chest x ray

1:40 ص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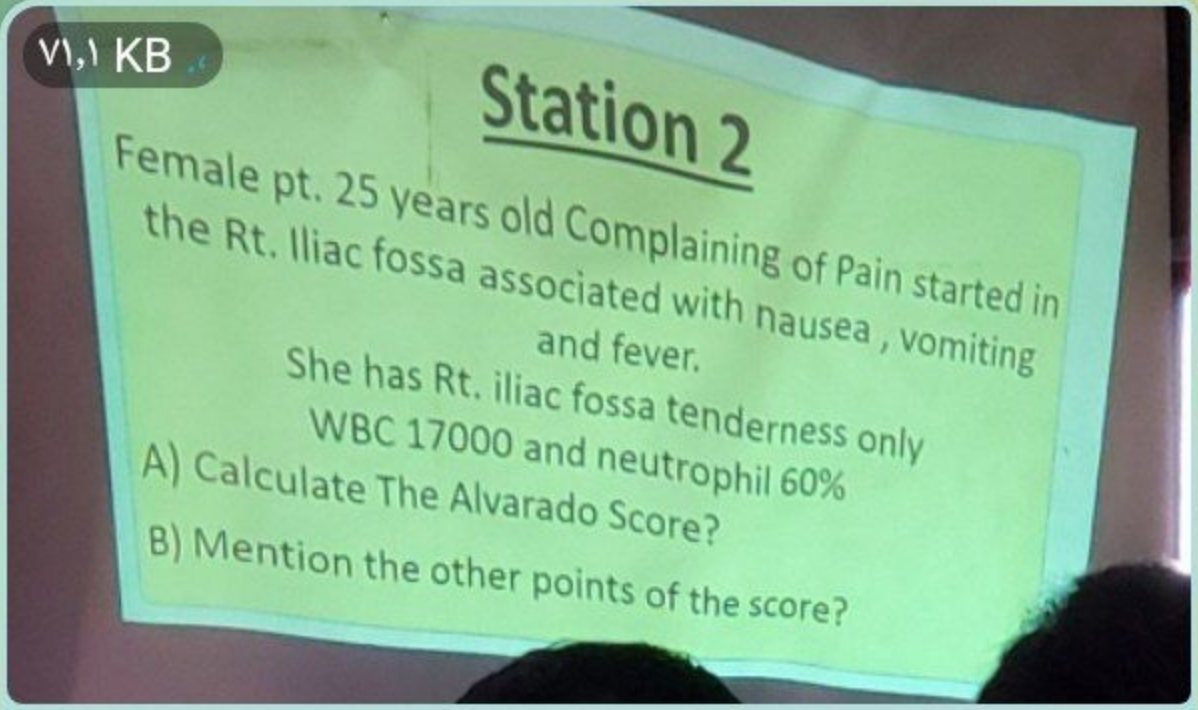
3. Chest Tube Insertion

a.. 8-12 cm water
b.... chest x ray

1:40 ص

b.... chest x ray

1:40 ص


٧١,١ KB
Station 2
Female pt. 25 years old Complaining of Pain started in the Rt. Iliac fossa associated with nausea , vomiting and fever.
She has Rt. iliac fossa tenderness only
WBC 17000 and neutrophil 60%
A) Calculate The Alvarado Score?
B) Mention the other points of the score?

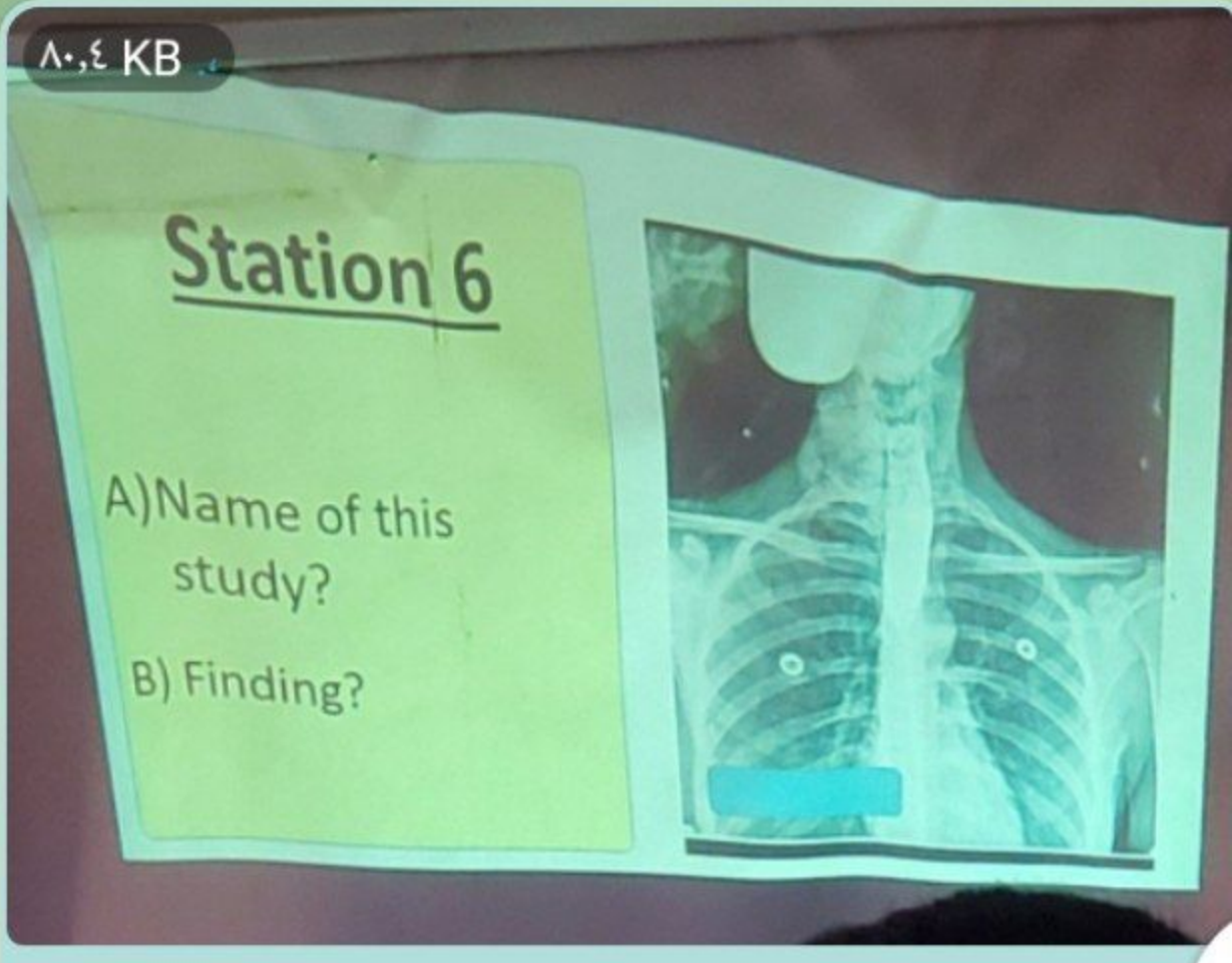
only 2... lecucytosis
tender rt iliac
score.. 6
b👇

1:43 ص

Alvarado score	
Symptoms	
Abdominal pain that migrates to the right iliac fossa	1
Anorexia (loss of appetite) or ketones in the urine	1
Nausea or vomiting	1
Tenderness in the right iliac fossa	2
Signs	
Rebound tenderness (Blumberg)	1
Fever of 37.3 °C or more	1
Laboratory	
Leukocytosis > 10,000	2
Neutrophilia > 70%	1
TOTAL	**10**

b 👇

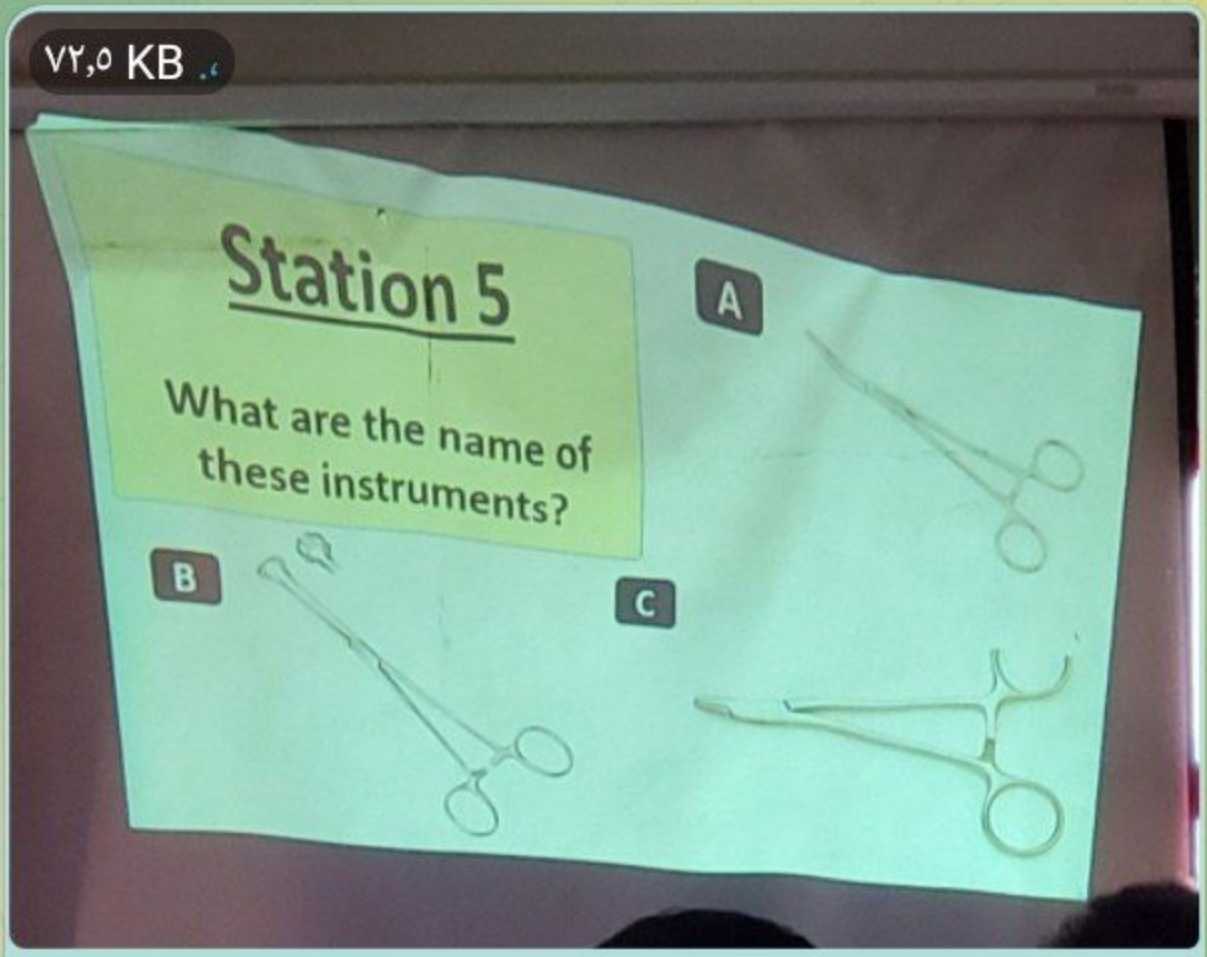
1:43 ص



barium swallow..

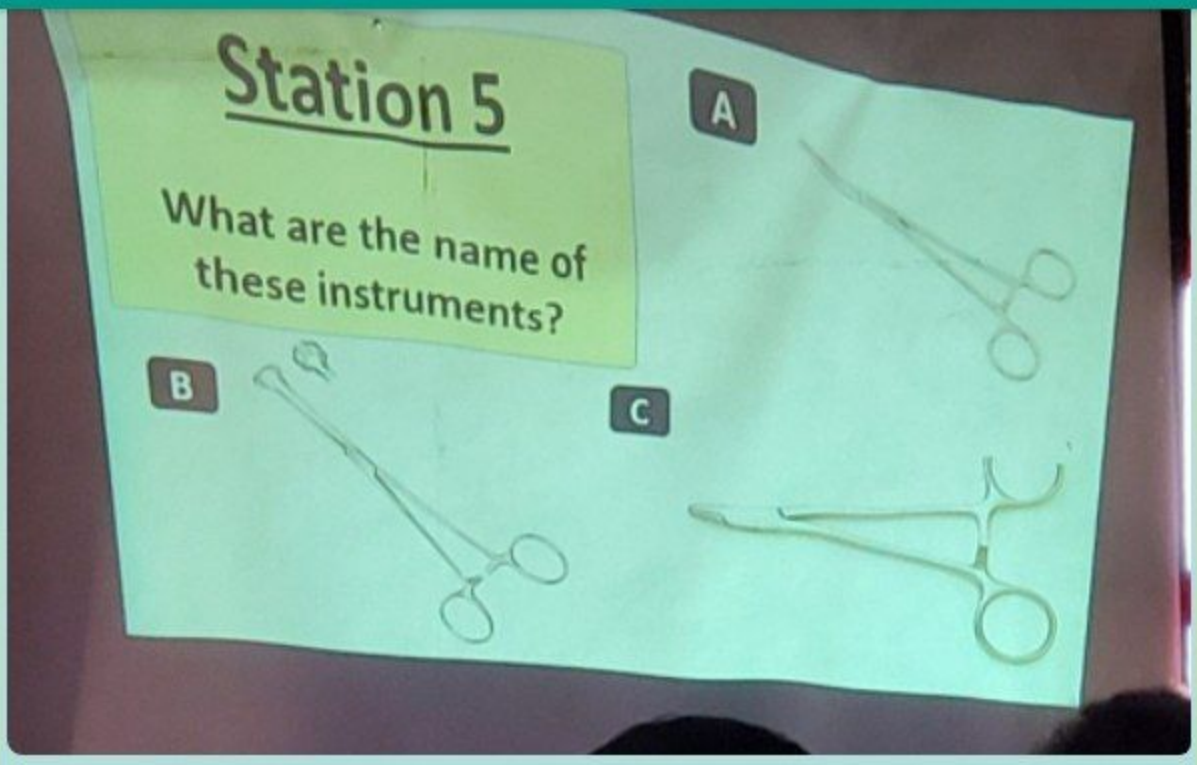
stricture in middle part of esophageu

1: ص



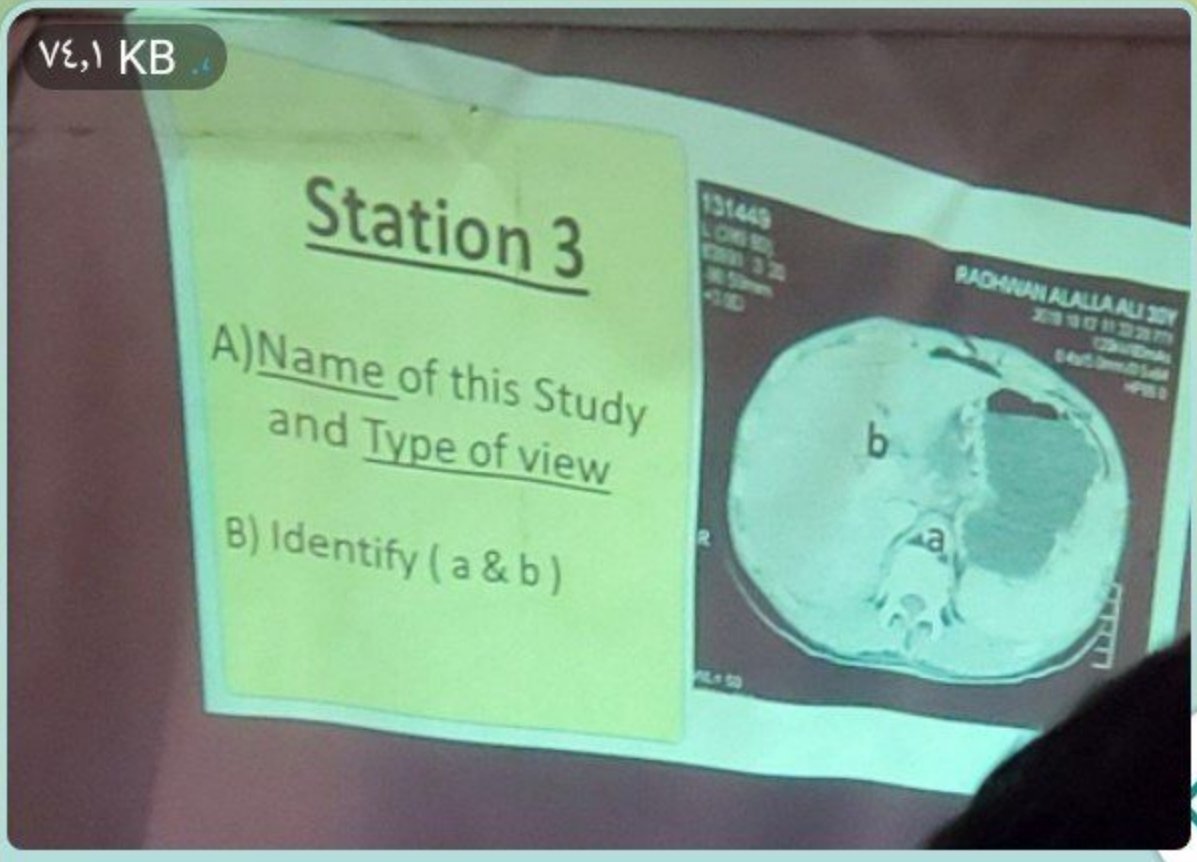
a... artery forcep.. curved
b... babcock
c.. needle holder

1:50 ص



a... artery forcep.. curved
b... babcock
c.. needle holder

1:50 ص ✓✓



a.. CT.. axial with contrast abdomen ...
b..a. . dilated aorta
b.... portal vein... .

1:53 ص ✓✓

Station 6

A) What is the name of operation ?

B) Mention four nerves liable for injury during this surgery ?

Station 9

Post Full down Rt. Arm pain and swelling ,,,

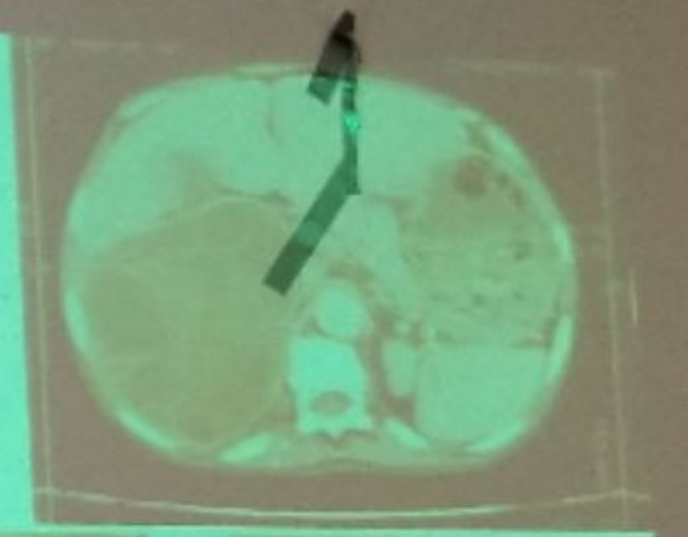
A) what's your Dx?

B) Mention two Specific complications

Station 8

A) Spot Diagnosis ?

B) Name of surgery ?



Station 7

A) Spot Diagnosis ?

B) What is your immediate management ?

Station 6

Pt. Post Blunt Trauma with Abdominal Pain

A)X-Ray Finding ?

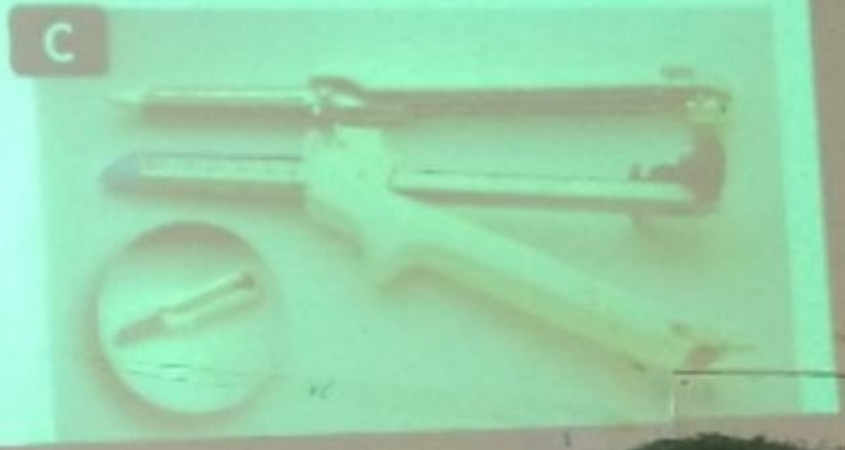
B) What is your Management ?

Station 5

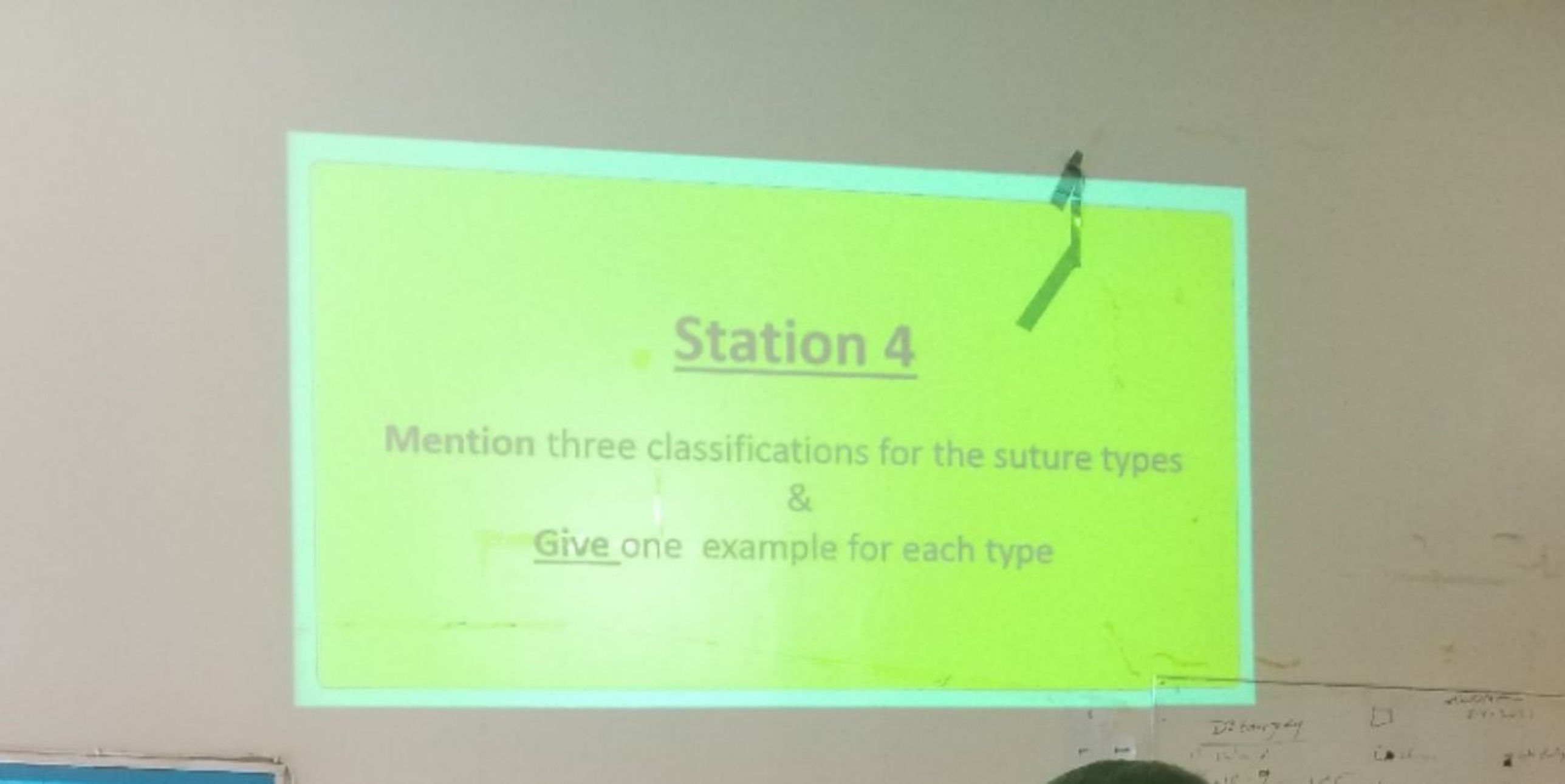
What are the name of these instruments?

A

B



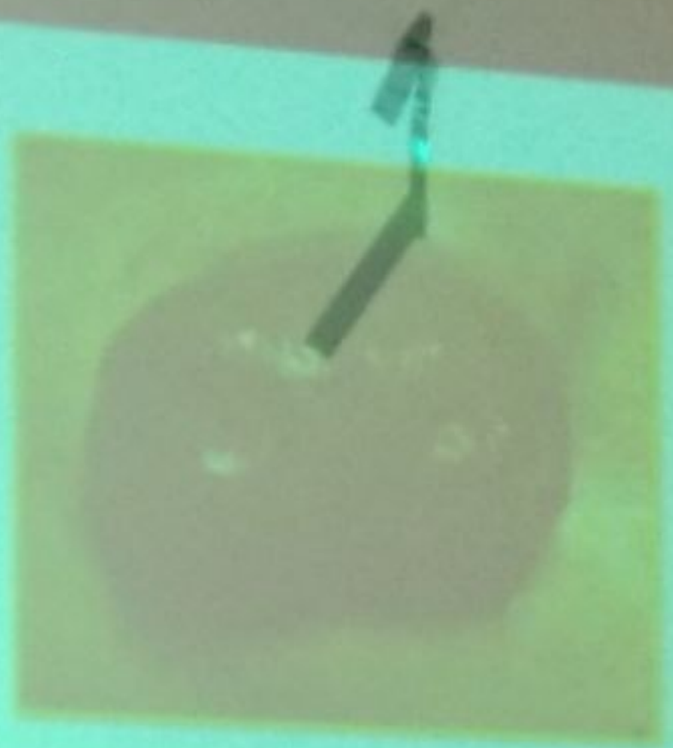
C


Station 4
Mention three classifications for the suture types
&
Give one example for each type

Station 3

A) What's the type of this stoma ?

B) Give 4 Late complication?



Station 2

Female pt. 25 years old Complaining of Pain started in the Rt. Iliac fossa pain win nausea , anorexia and fever.

She has Rt. iliac fossa tenderness only

WBC 20,000 with neutrophilia

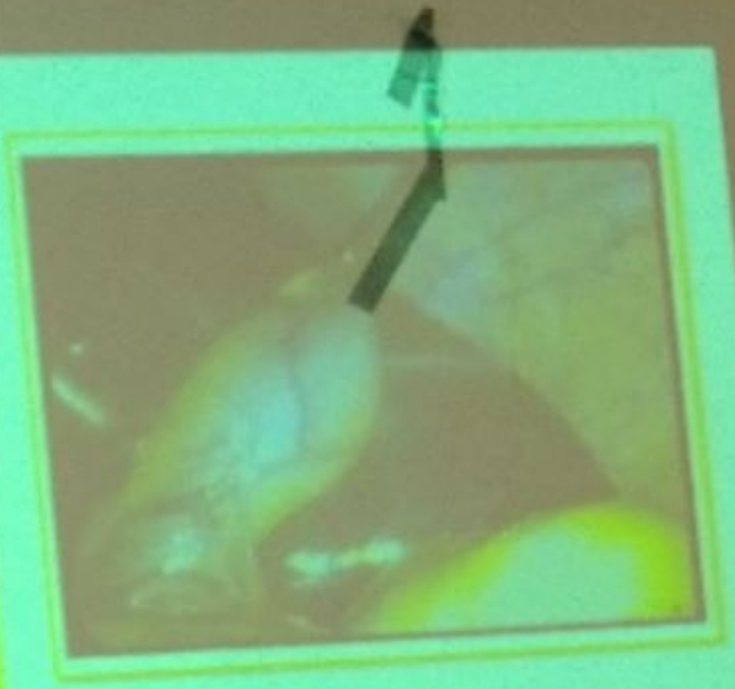
A) Calculate The Alvarado Score?

B) Mention the other points of the score?

Station 1

A) Name of procedure?

B) Mention 2 complication for this procedure?



- gangrene its Type (dry)

- other types of
  - dry
  - moist

- Dinner fork deformity
Colles fracture

other fractures in osteoporosis

- intestinal obstruction.
- x-ray → Valvula conniventes
- first initial manggment.

. Raccon eye indicate anti cranial fossa basal skull fracture

. Subdrul hemorrhage

CT

Horner syndrome

Pancost tumor

- intestinal gangrene

- two causes - Strangulated hernia
- acute mes

exoptha mes

3 Signs.

Hypospidese

with classification

Endotracheal tube & Cuffed
other instrument used to
Secure airway.

. Raccon eye indicate anti cranial fossa
basal skull fracture
. subdral hemorrhage
CT. scan

Horner syndrome

Pancost tumor

- intestinal gangrene

- two causes - Strangulated hern
- acute mes.

exophthalmos

3 Signs.

Hypospidese

with classification

Endotracheal tube & cuffed
other instrumet used to
secure airway.

Station 10

Post abdominal Gunshot

A) What is the Type of Stoma?

B) Mention 3 important Specific complication?

Station 10

A boy Pot Full down Has Rt.
Upper Limb Pain And
Swelling?

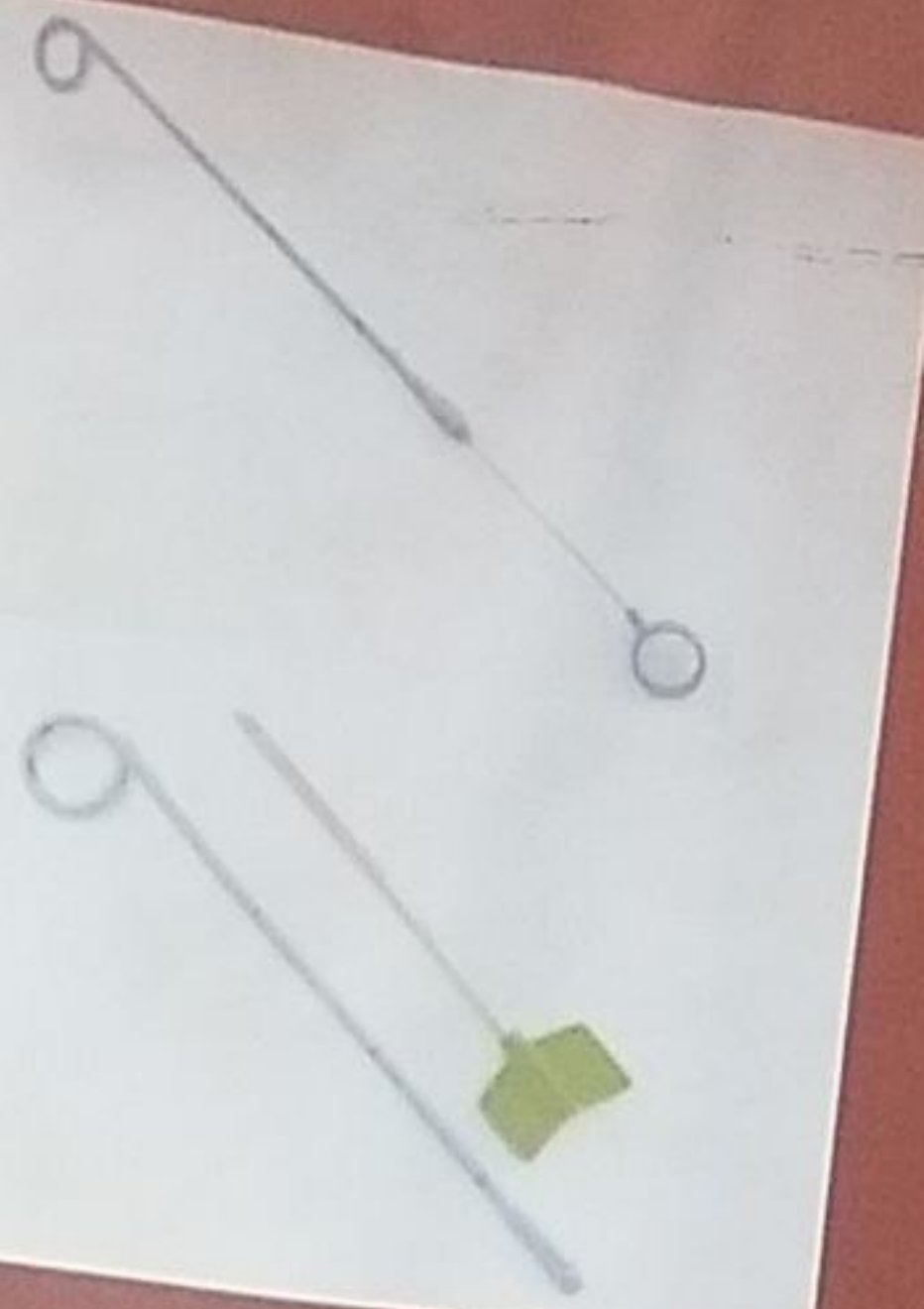
A) What's Your Diagnosis ?

B) What's your management?

Station 7

A) What is this tube ?

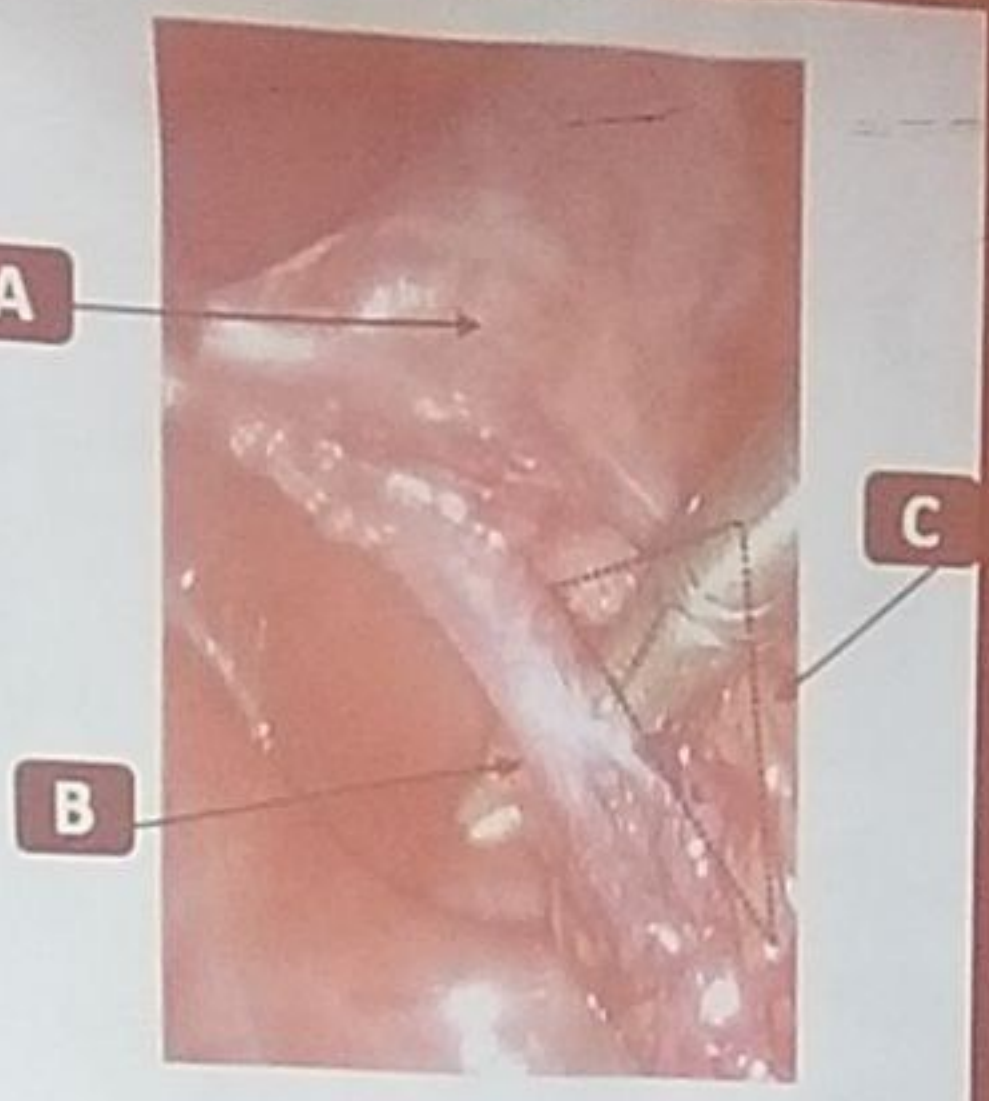
B) B) Mention two indications for it ?



Station 7

Common Laparoscopic View

What are the name of these Structures?



Station 6

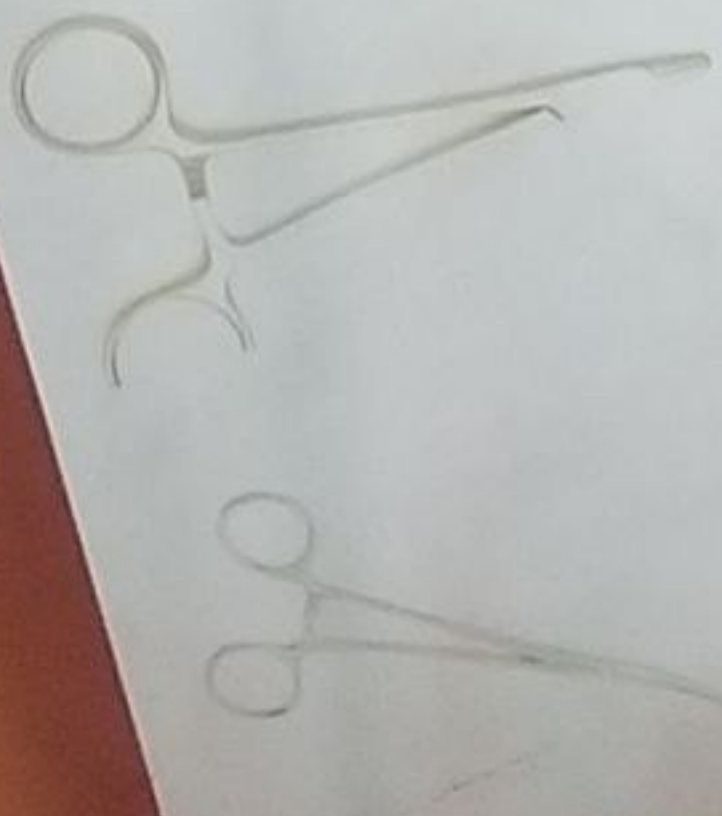
A) Name of this study?

B) Finding?

Station 5

What are the name of these instruments?

A



C

B

Station 4

A) what is the normal Reading of CVP ?

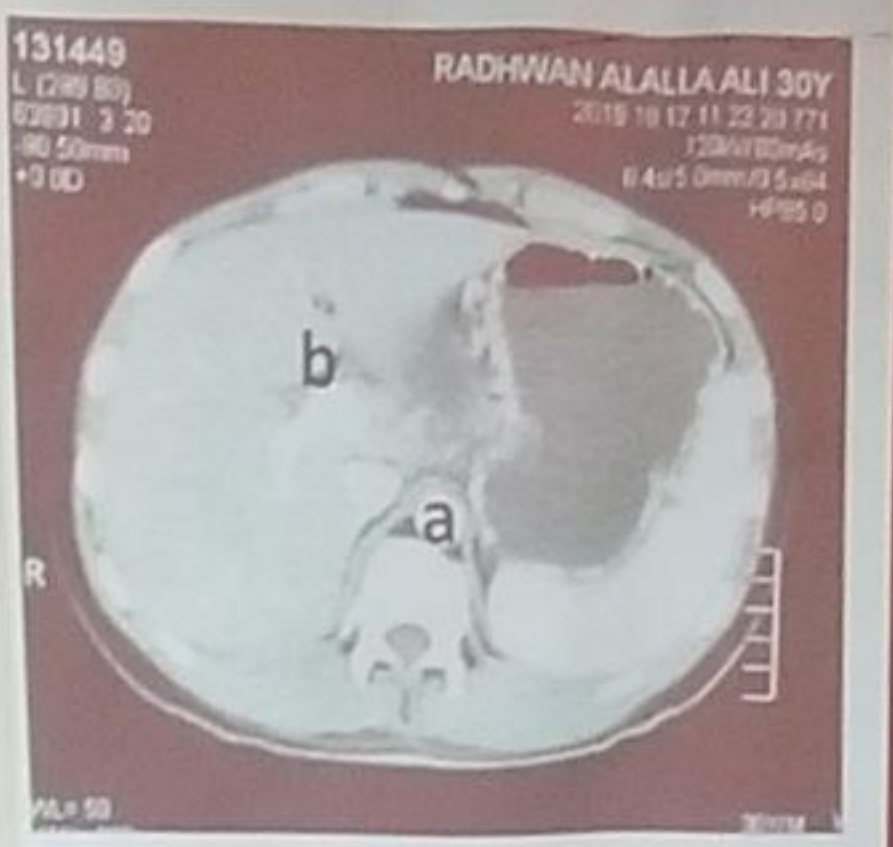
B) Mention one important step after :

1. Central line insertion Or
2. Endotracheal Intubation Or
3. Chest Tube Insertion

Station 3

A) Name of this Study and Type of view

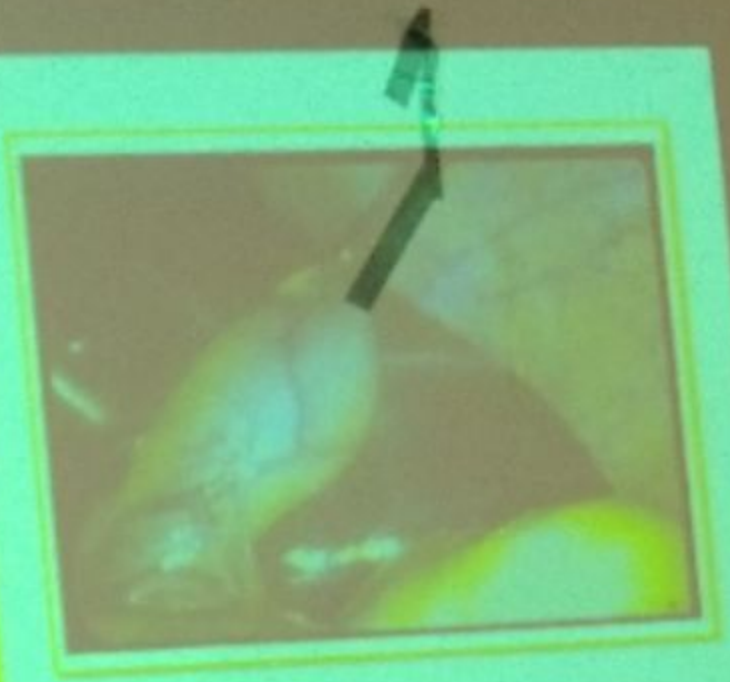
B) Identify (a & b)



Station 1

A) Name of procedure?

B) Mention 2 complication for this procedure?



Station 2

Female pt. 25 years old Complaining of Pain started in the Rt. Iliac fossa pain win nausea , anorexia and fever.

She has Rt. iliac fossa tenderness only

WBC 20,000 with neutrophilia

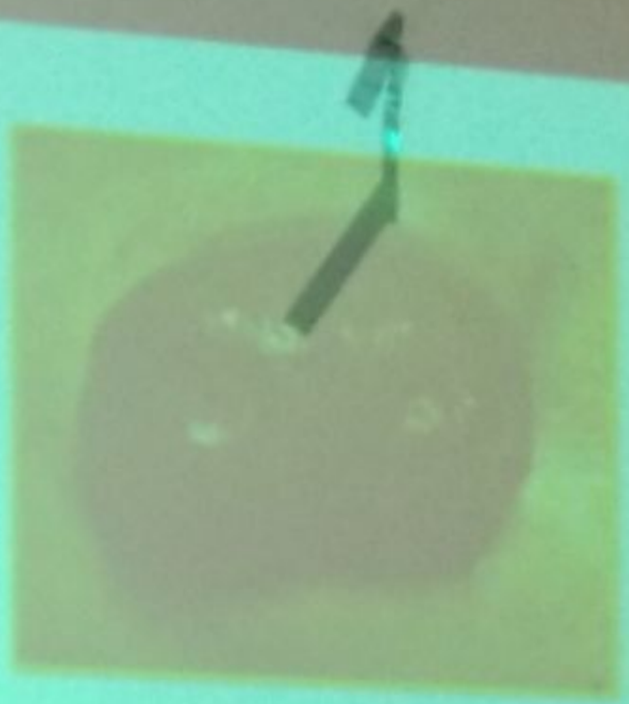
A) Calculate The Alvarado Score?

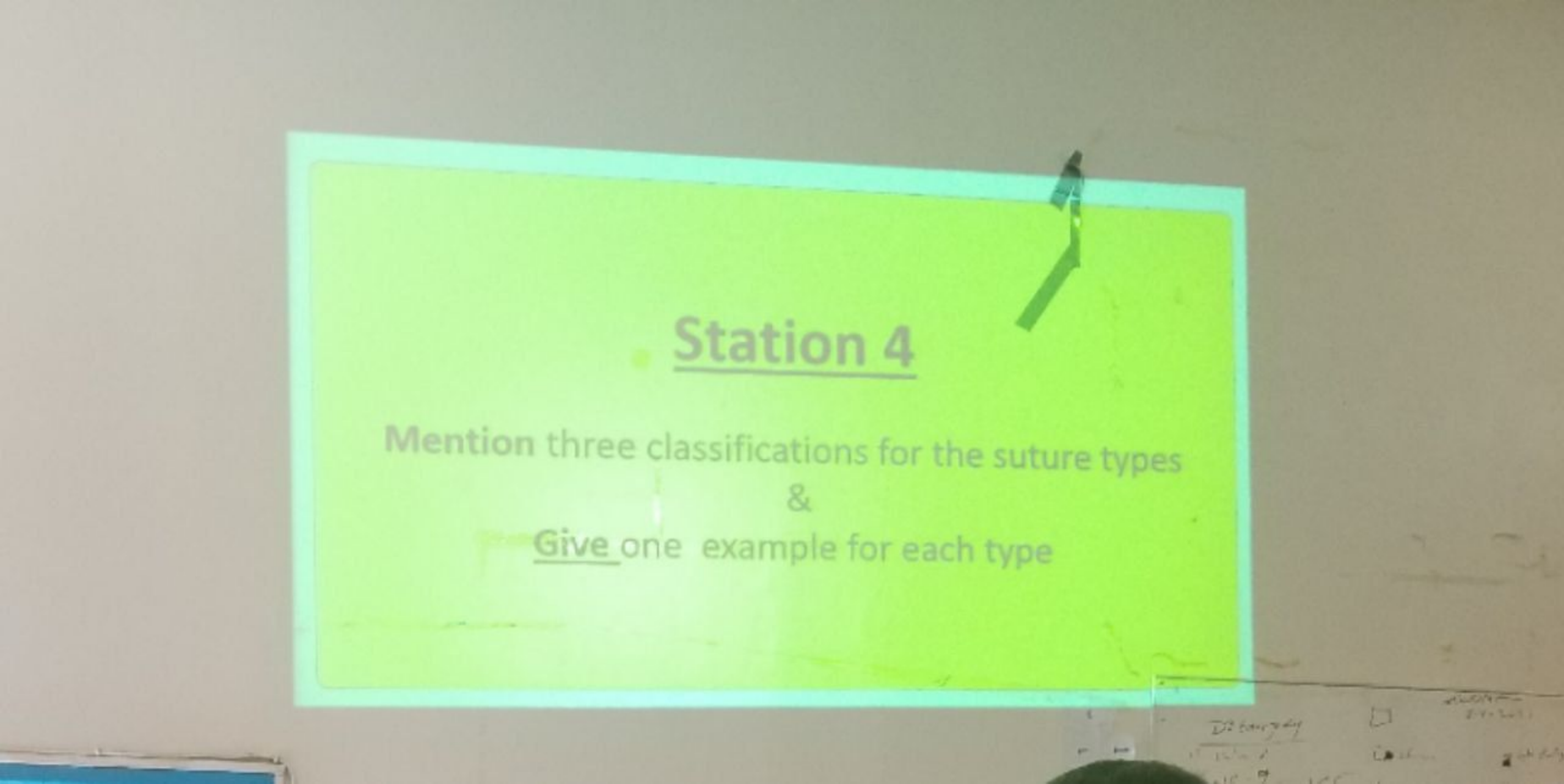
B) Mention the other points of the score?

Station 3

A) What's the type of this stoma ?

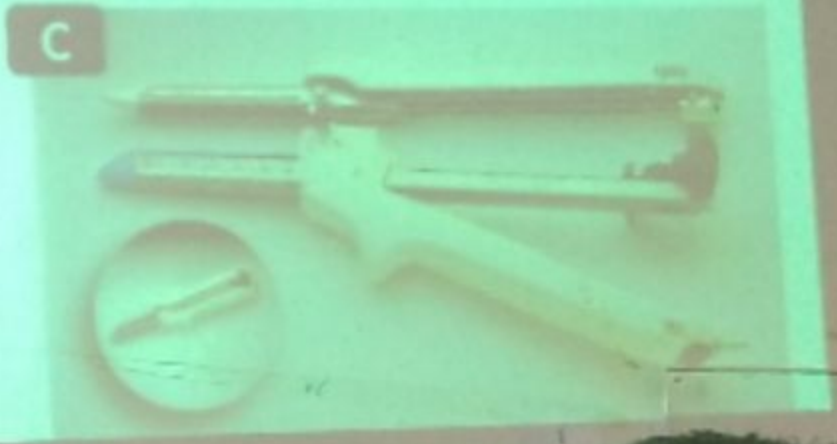
B) Give 4 Late complication?




Station 4
Mention three classifications for the suture types
&
Give one example for each type

Station 5

What are the name of these instruments?

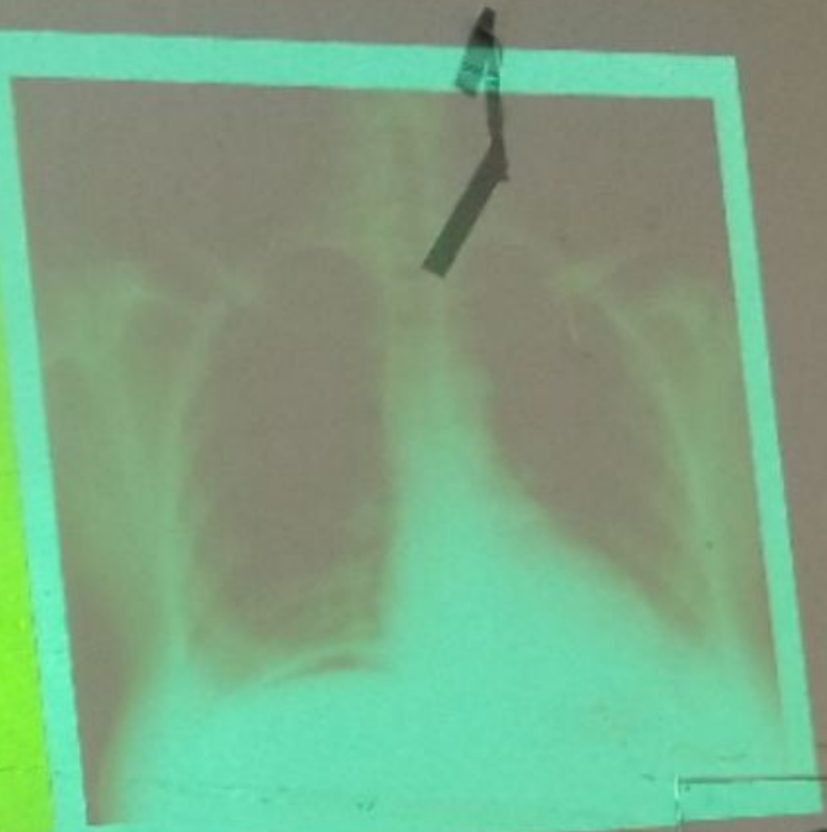


Station 6

Pt. Post Blunt Trauma with Abdominal Pain

A)X-Ray Finding ?

B) What is your Management ?



Station 7

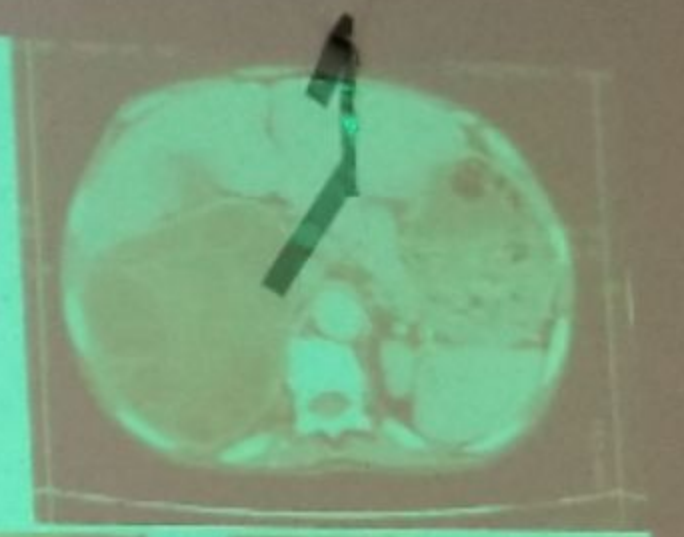
A) Spot Diagnosis ?

B) What is your immediate management ?

Station 8

A) Spot Diagnosis ?

B) Name of surgery ?



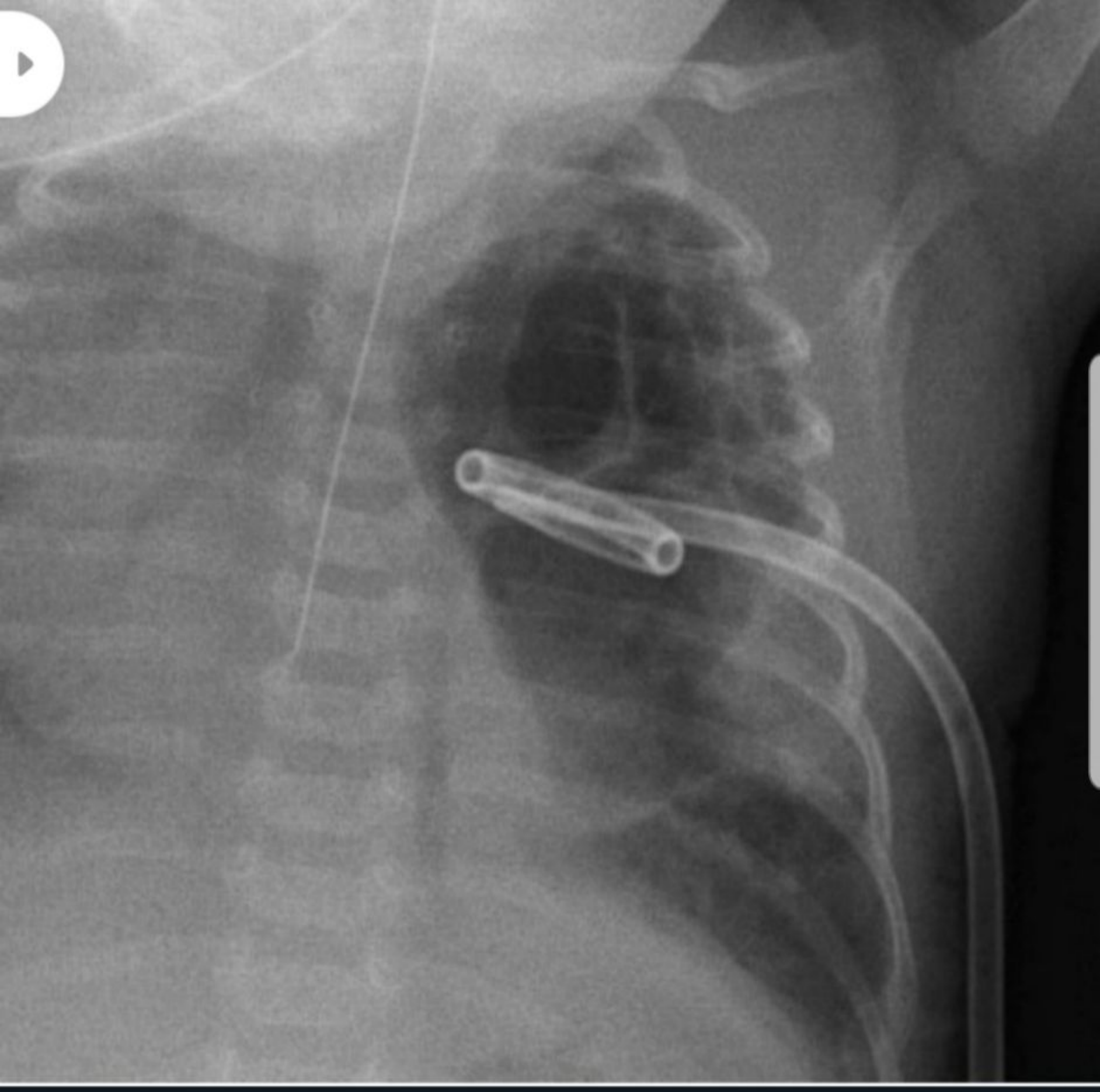
Station 9

Post Full down Rt. Arm pain and swelling ,,,

A) what's your Dx?

B) Mention two Specific complications

Intercostal Tube in Place



IC Tube in situ in Chest X-ray

IC Tube Connected to the Drain

IC Tube Placement

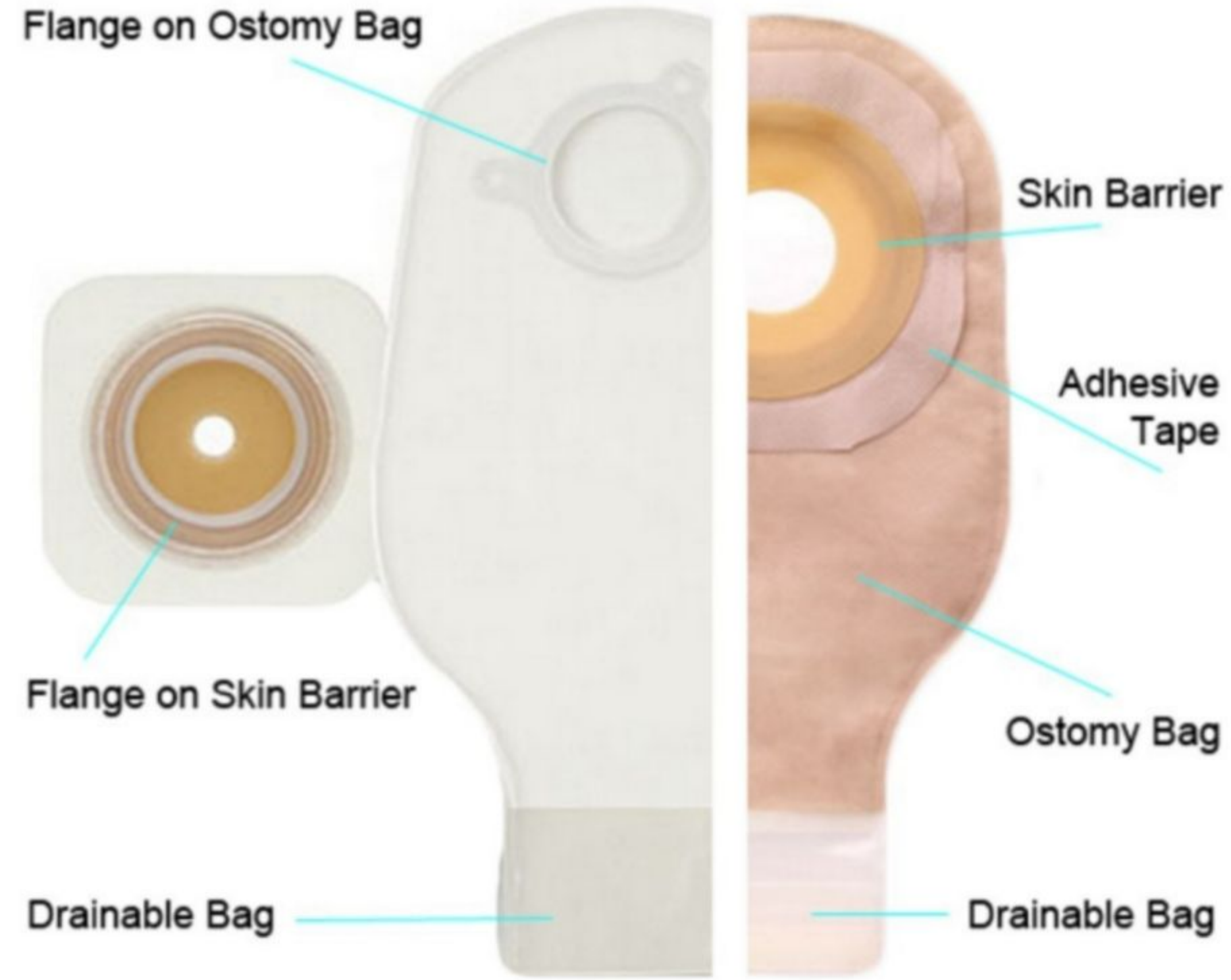
Intercostal (IC) Tube

Safe Traingle of IC Tube Insertion

Stomal Prolapse

Two-Piece Ostomy Bag

One-Piece Ostomy Bag

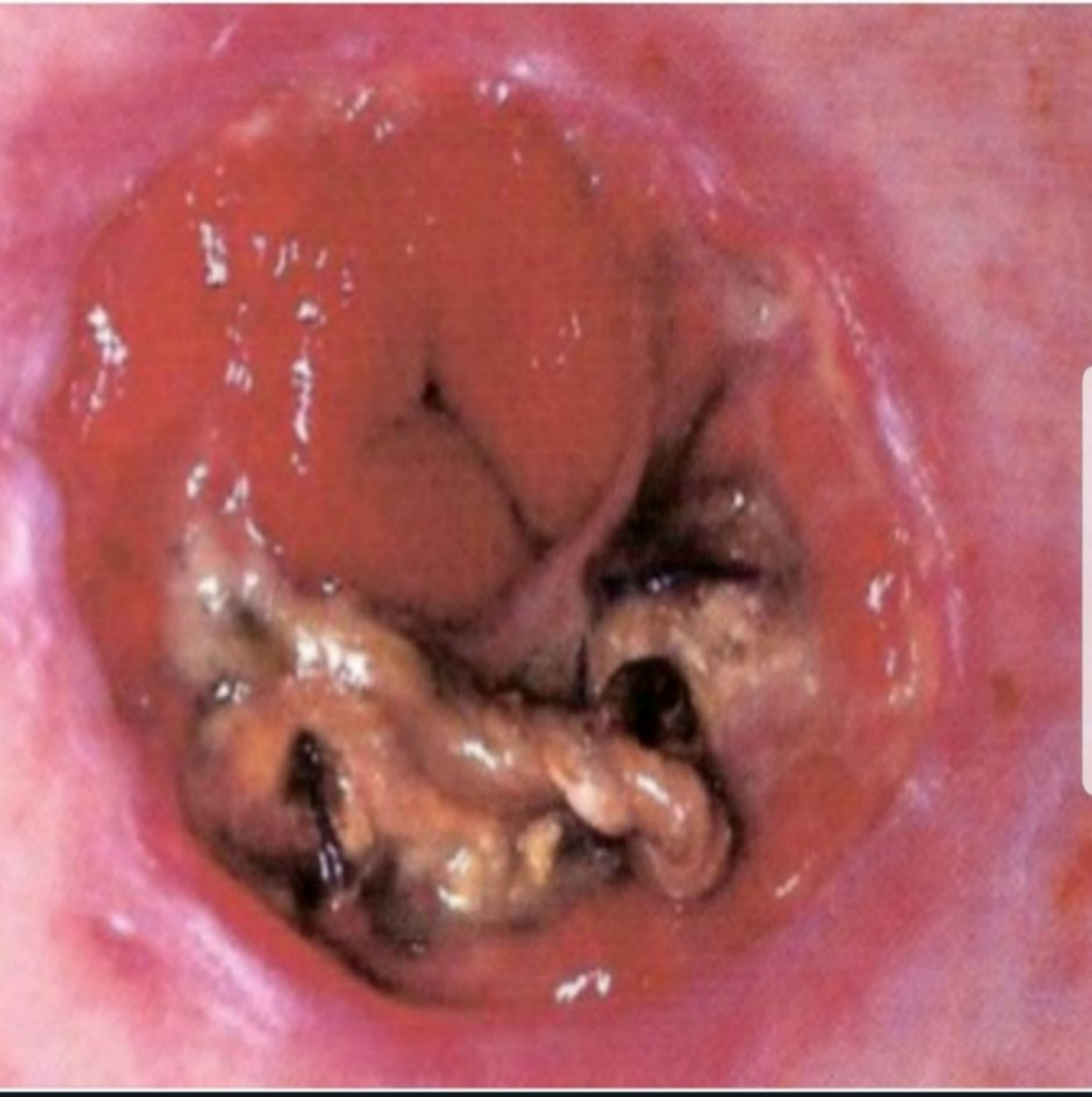


Colostomy Bag

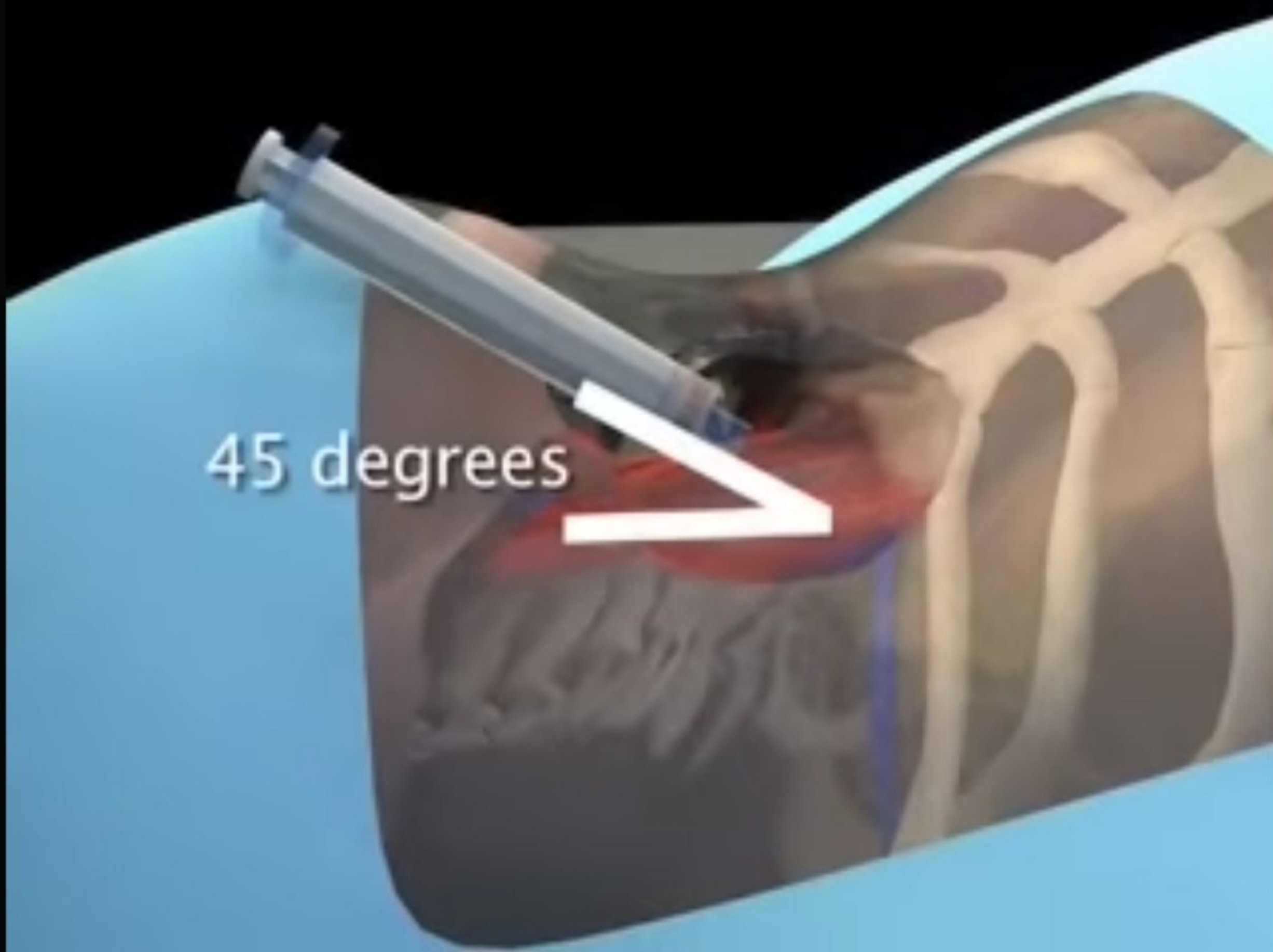
Fecal Excoriation

Underwater Sealed Chest Drain

Necrosis



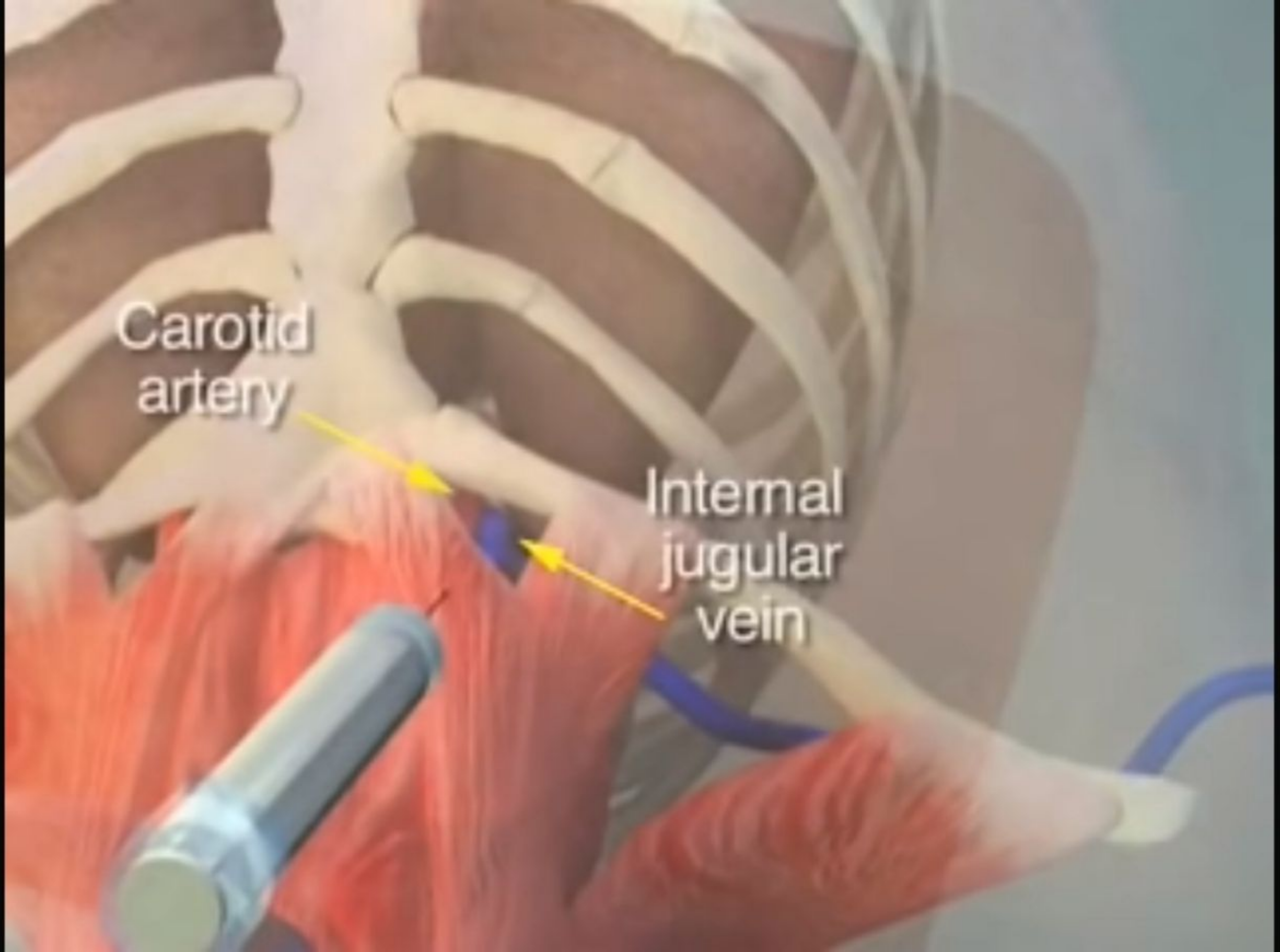
Mucocutaneous Seperation

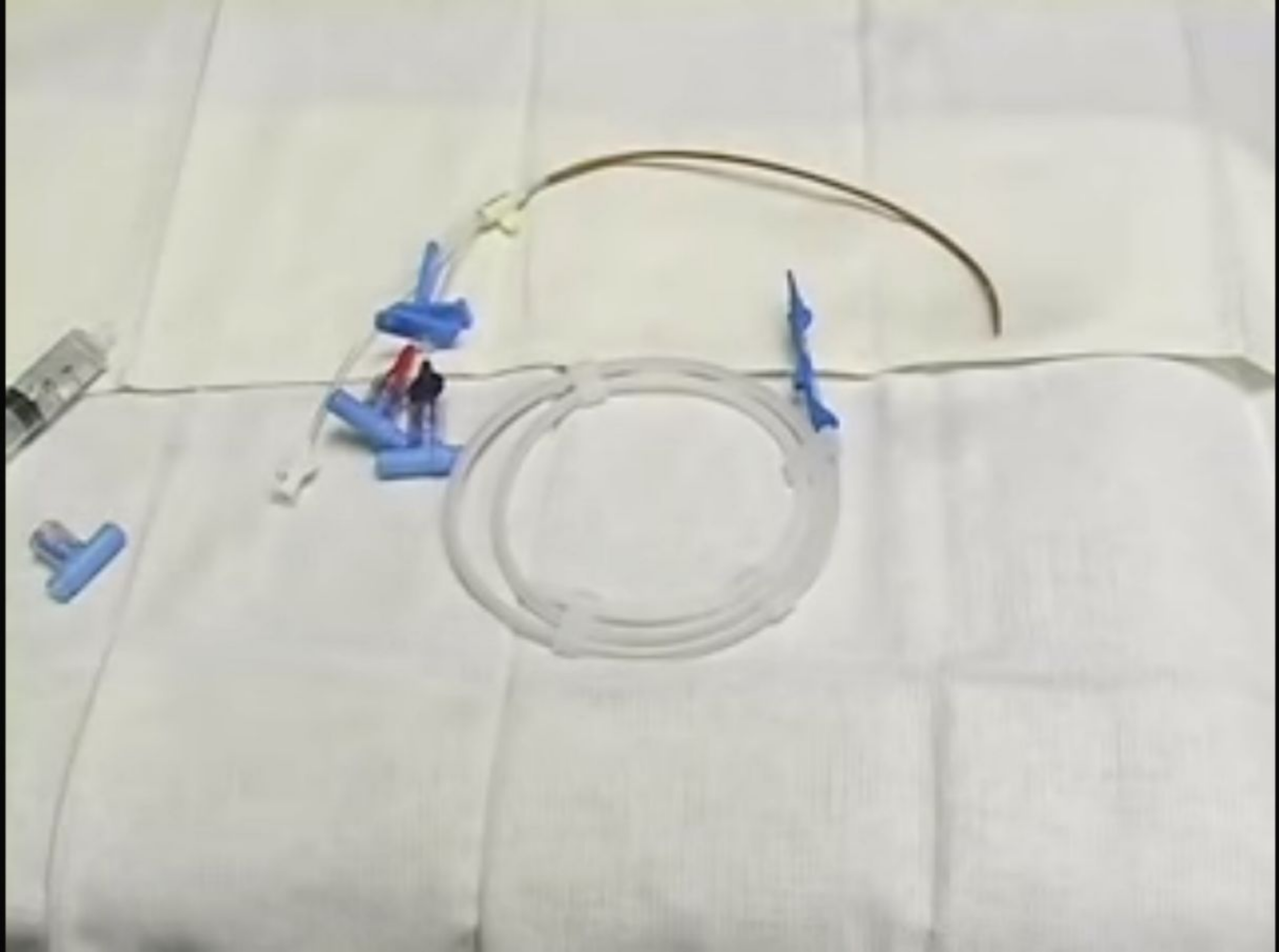

45 degrees

End Ileostomy

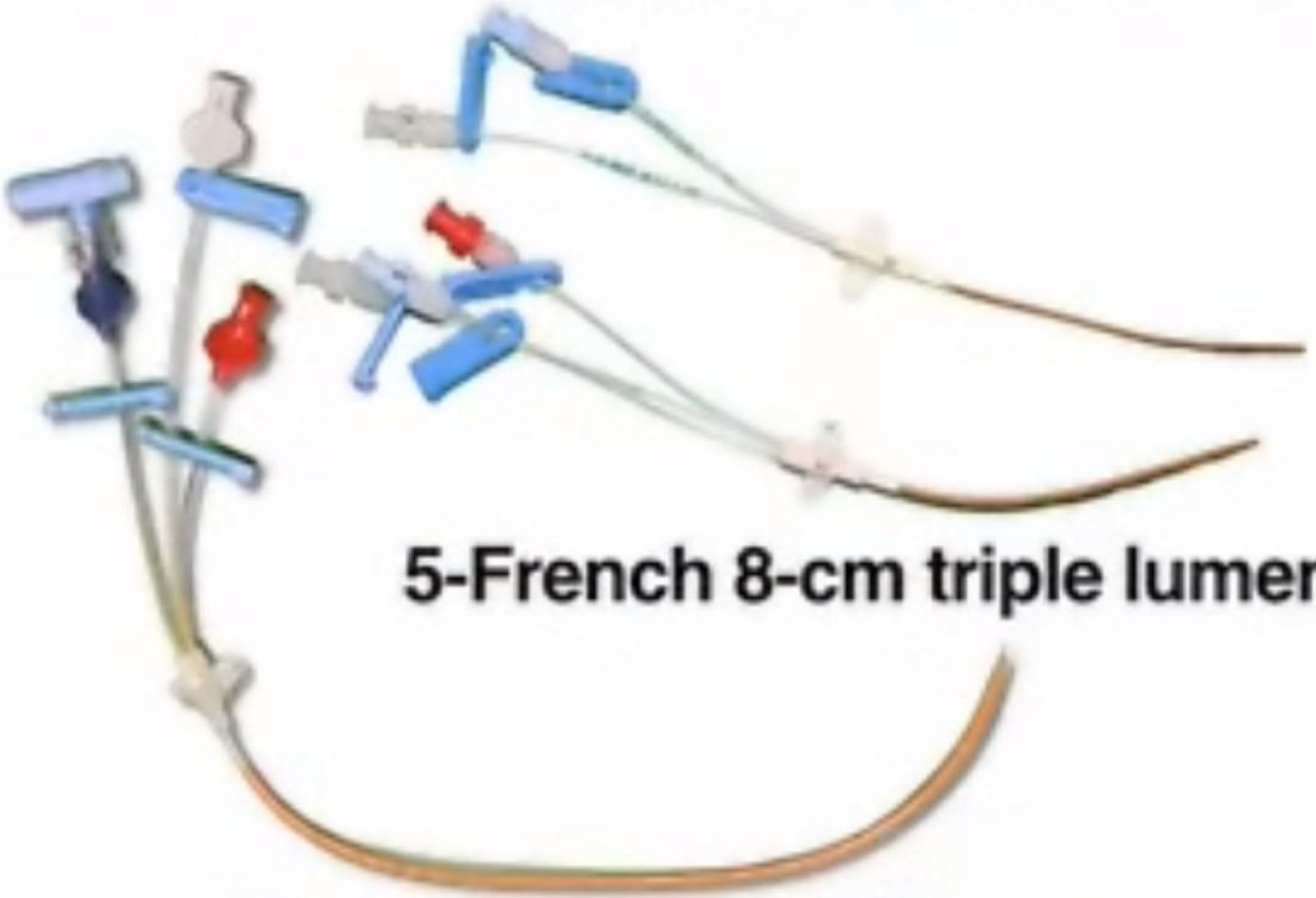
Loop Ileostomy

Sternal head
SCM muscle


Carotid artery
Internal jugular vein



4-French 8-cm double lumen



5-French 8-cm triple lumen

7-French 20-cm triple lumen

Venous Ulceration Over Gaiter's Area

Blow-outs (Perforator Incompetance)

Varicose Veins Affecting Greater Saphenous System

Common causes of recurrent bowel obstruction.

Congenital	Acquired
Internal hernia	Post-operative adhesion
Para-duodenal Rt & Lt	Tubercular strictures
Para-caecal	Luminal worms/ polyp Bezoars
Mesenteric and mesocolic defect hernia	GJ intussusception
Cong adhesion	Bezoars
Vitelline duct related	Pseudo obstruction
Caecal and sigmoid volvulus	Luminal worms/ polyp
	Radition enteritisEndomatriosisGall stone ileusTalk granuloma related

Table 2. Differential Diagnosis of Abdominal Pain, Distension, Nausea, and Cessation of Flatus and Bowel Movements

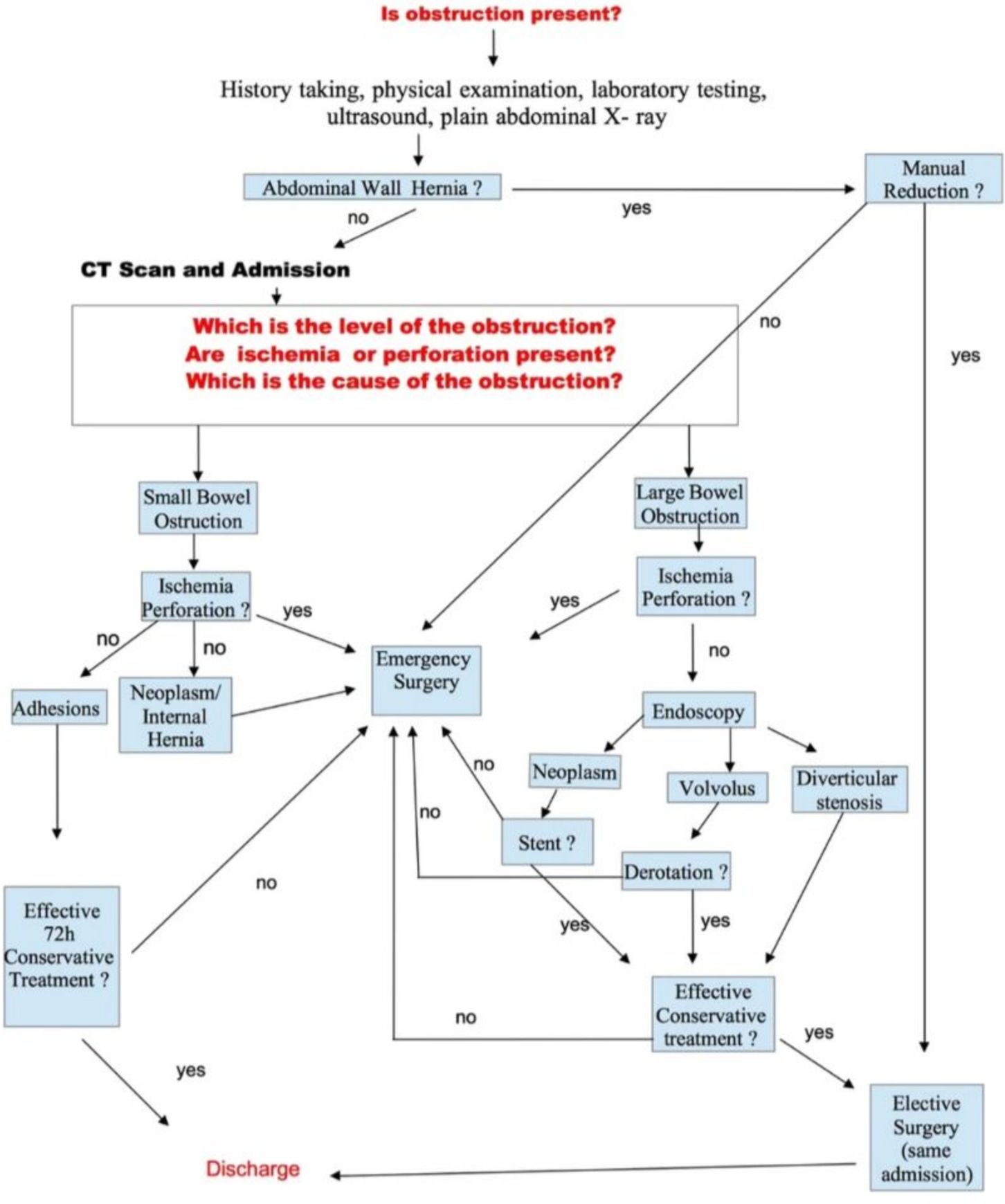
Alternate diagnosis	*Clues*
Ascites	Acute liver failure, history of hepatitis or alcoholism
Medications (e.g., tricyclic antidepressants, narcotics)	Review of medications; diagnosis of exclusion
Mesenteric ischemia	History of peripheral vascular disease, hypercoagulable state, or postprandial abdominal angina; recent use of vasopressors
Perforated viscus/intra-abdominal sepsis	Fever, leukocytosis, acute abdomen, free air on imaging
Postoperative paralytic ileus	Recent abdominal surgery with no postoperative flatus or bowel movement
Pseudo-obstruction (Ogilvie syndrome)	Acutely dilated large intestine, history of intestinal dysmotility, diabetes mellitus, scleroderma

TABLE 2

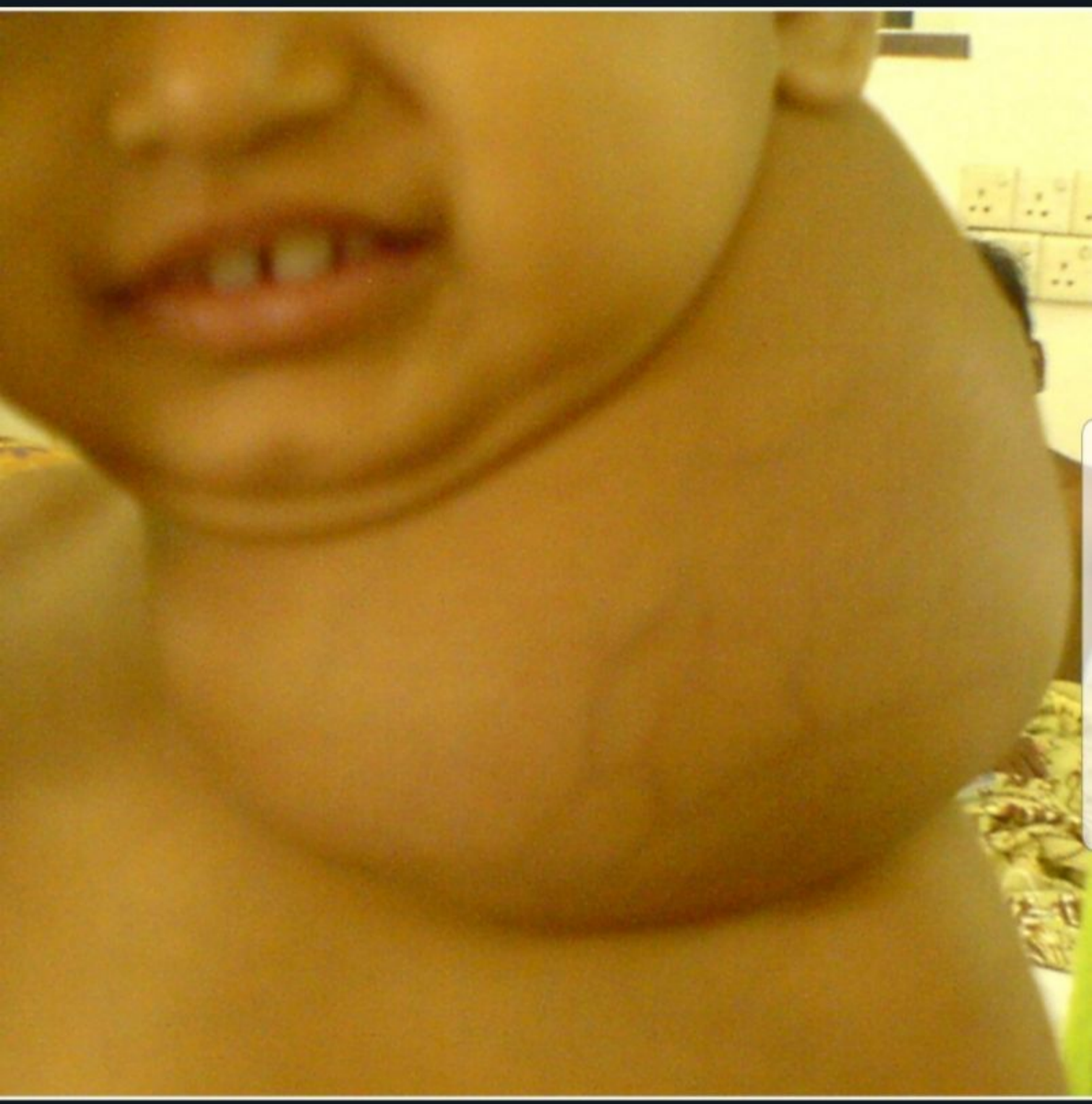
Differential Diagnosis of Intestinal Obstruction

Diagnosis	Clues
Medication adverse effects (diagnosis of exclusion)	Review of medications (e.g., tricyclic antidepressants, narcotics)
Mesenteric ischemia	History of peripheral vascular disease or postprandial abdominal angina, hypercoagulable state, recent use of vasopressors
Perforated viscus/ intra-abdominal sepsis	Fever, leukocytosis, peritonitis, pneumoperitoneum
Postoperative paralytic ileus	Recent abdominal surgery with no postoperative flatus or bowel movement
Pseudo-obstruction (Ogilvie syndrome)	Acutely dilated large intestine, diabetes mellitus, history of intestinal dysmotility, scleroderma

From: Bowel obstruction: a narrative review for all physicians



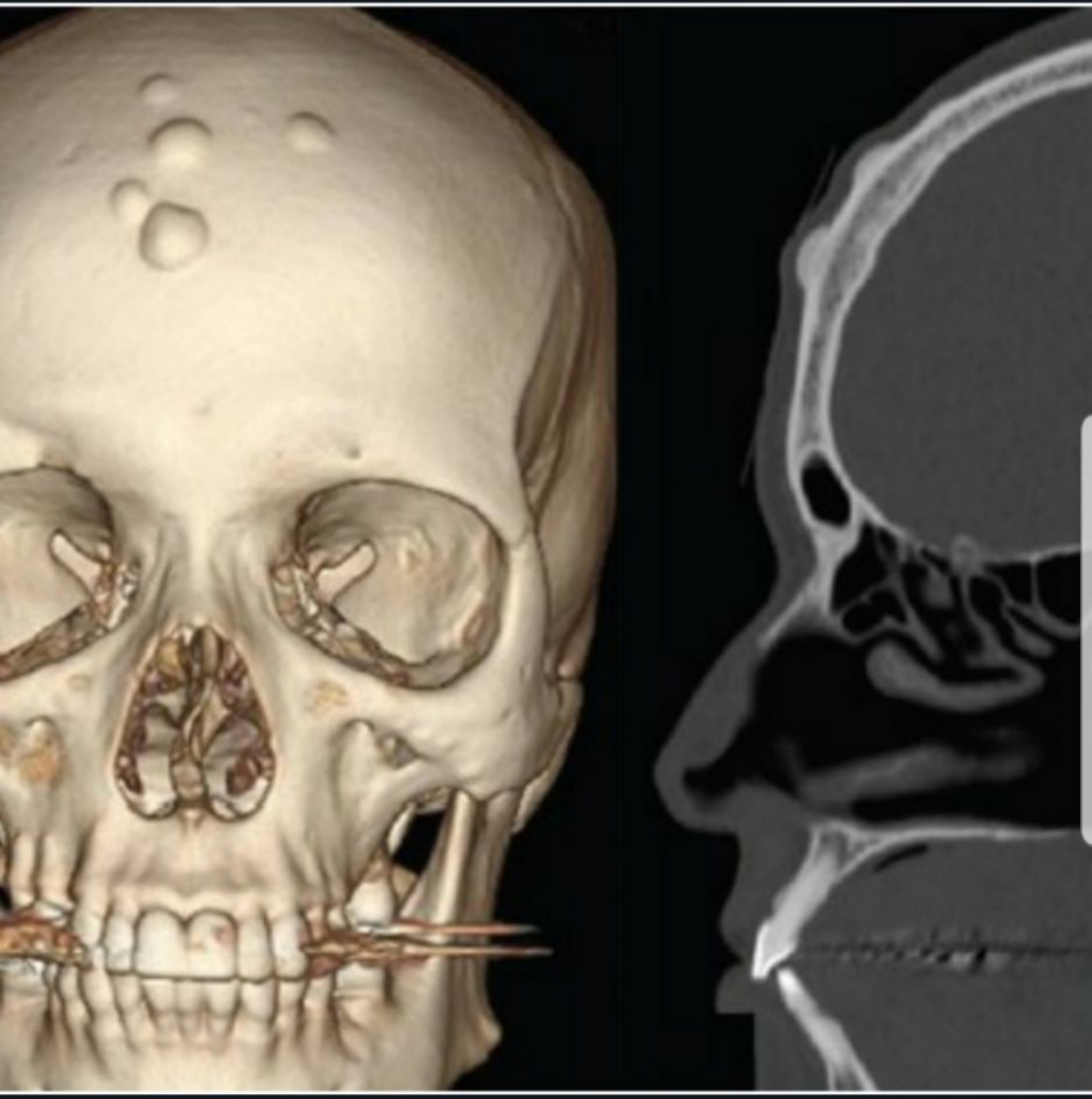
Management strategy of bowel obstruction (for about 90% of causes)



Cystic Hygroma in a Child

A Lump in the Scalp

Exsostosis

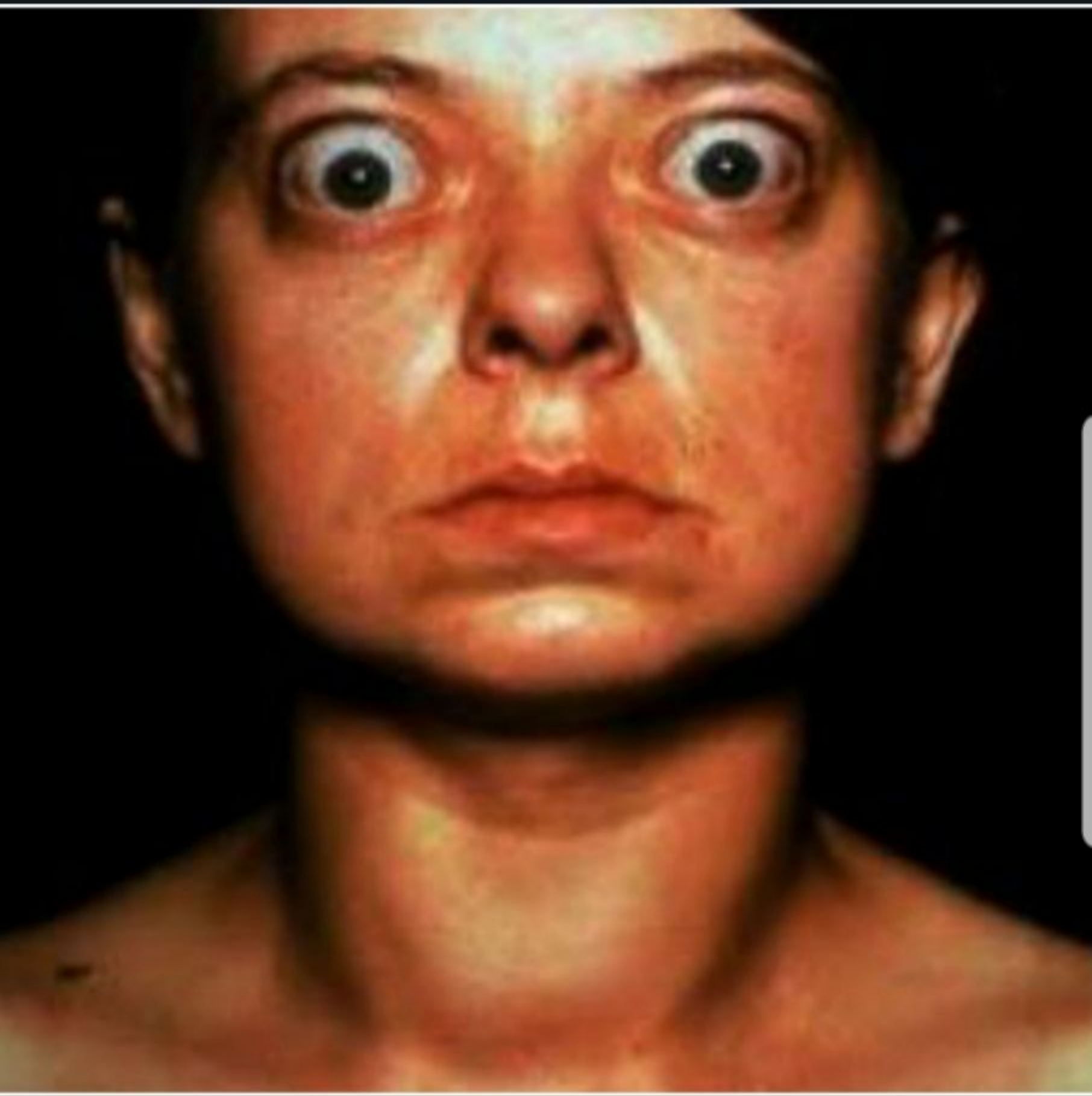


Osteoid Osteoma

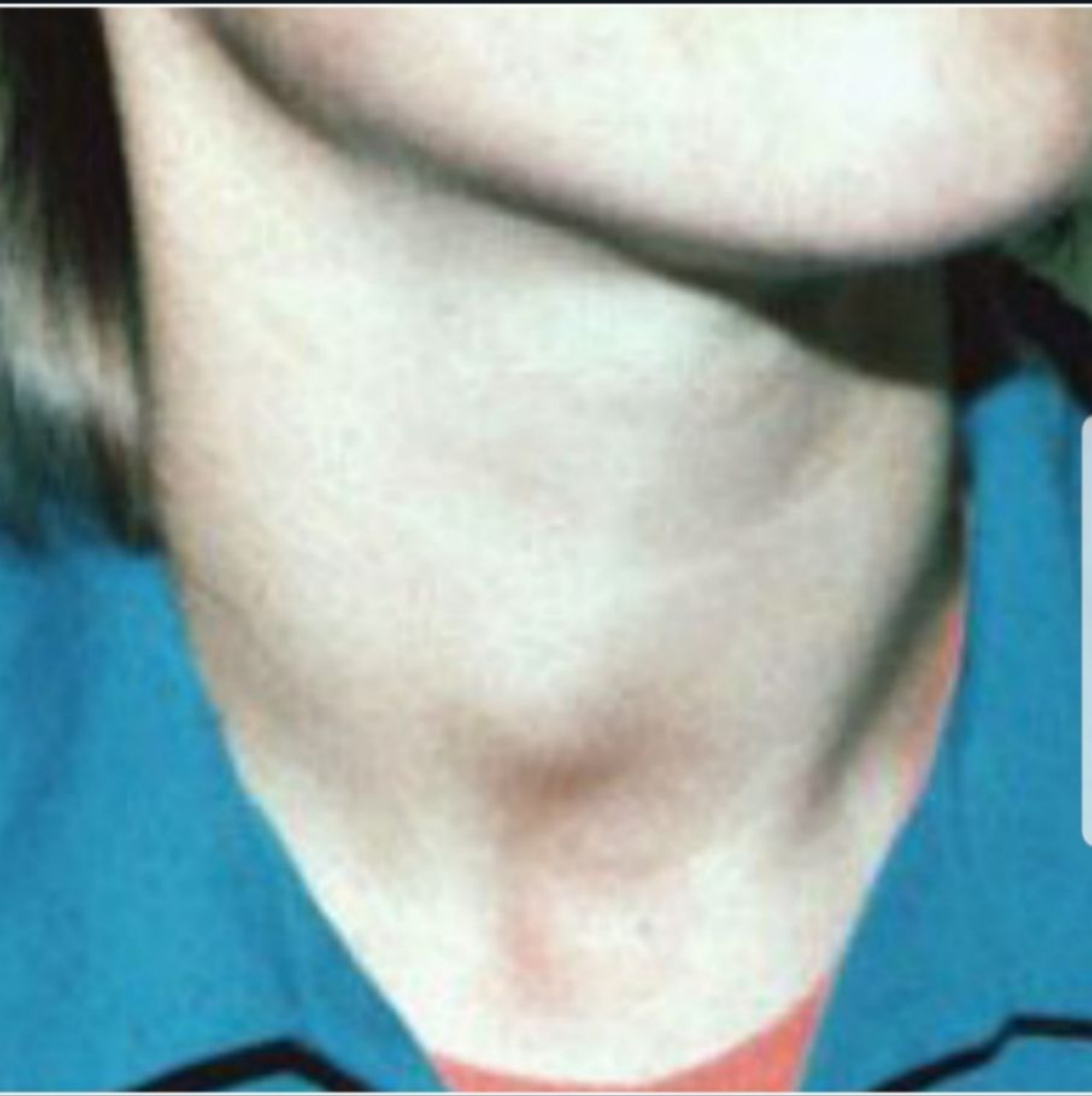
Goiter in a Male

Multinodular Goiter (MNG)

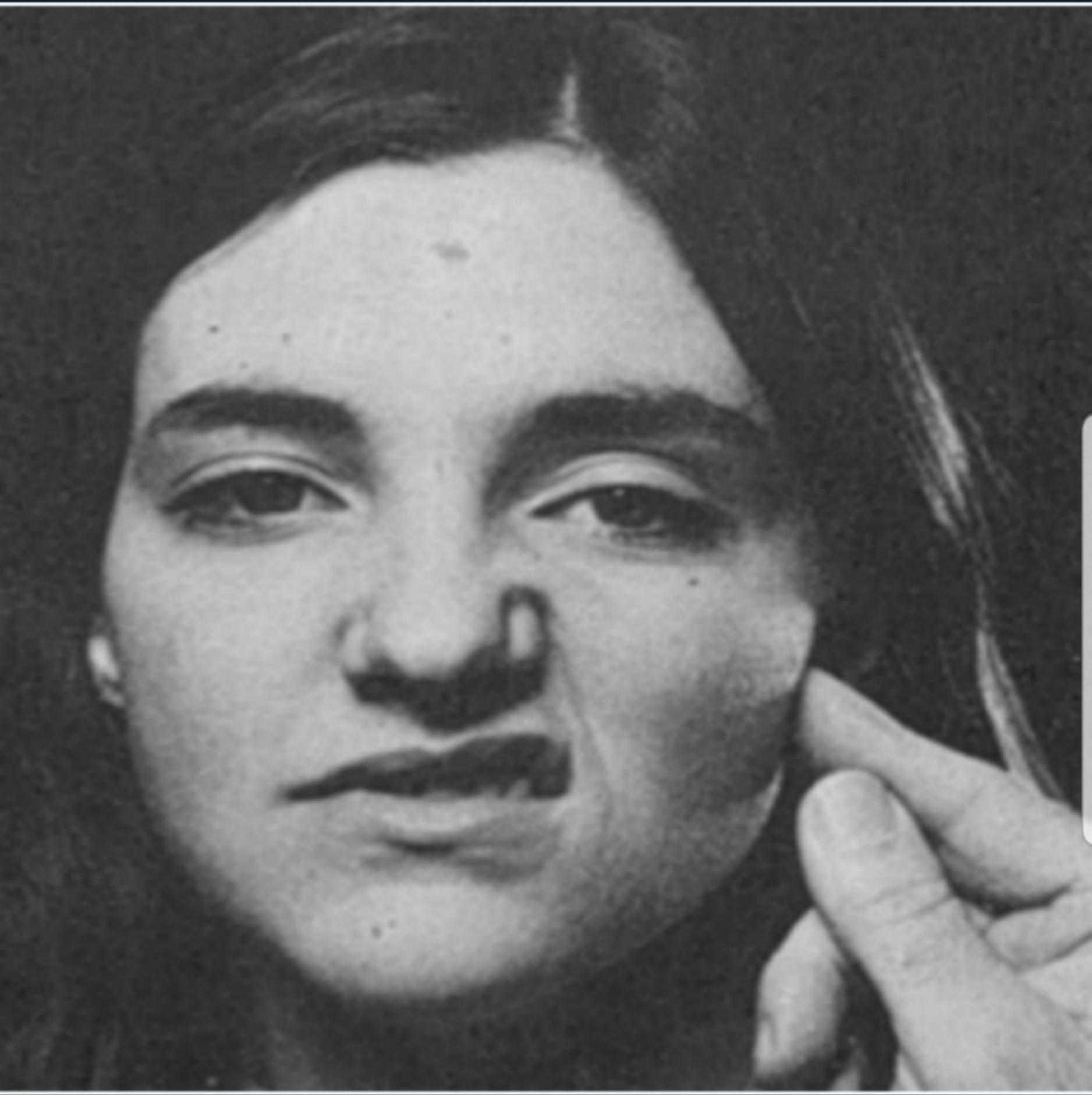
Thyroglossal Cyst



Grave's Disease (Diffuse Goiter)



Solitory Thyroid Nodule (STN)

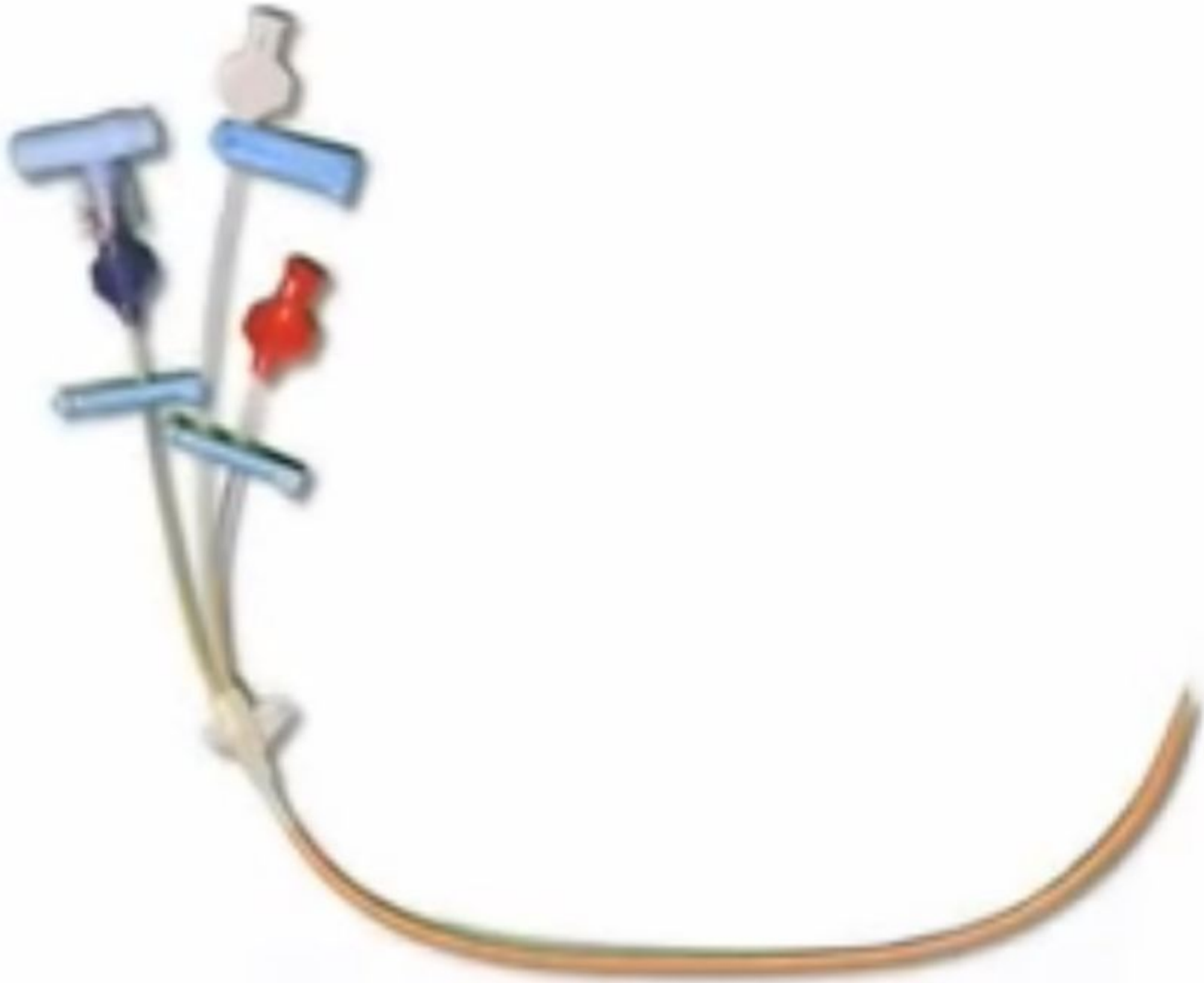


Chvostek's Sign

Trousseau's Sign

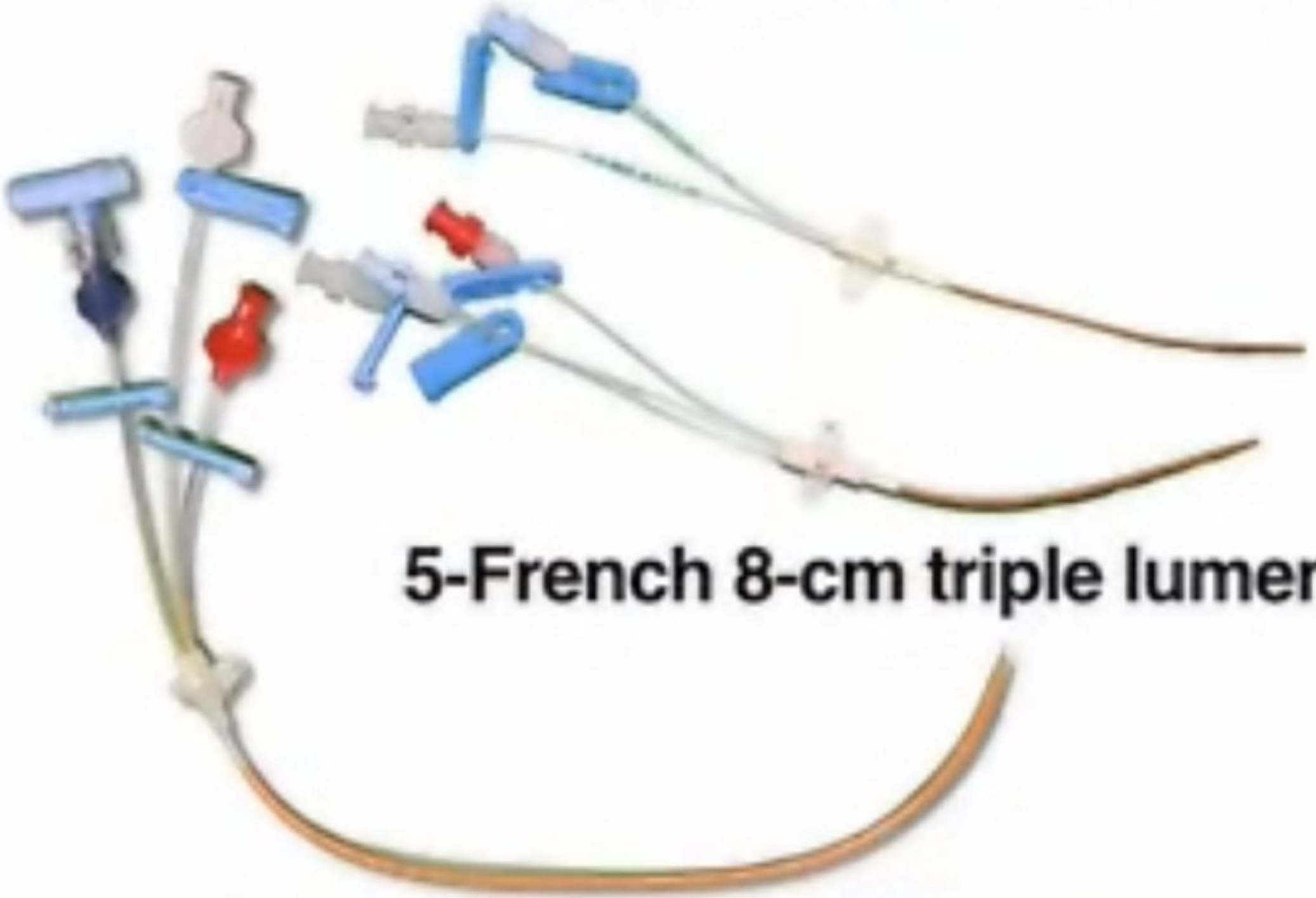
Drain Inserted After Thyroidectomy

Scar of Coller Incision



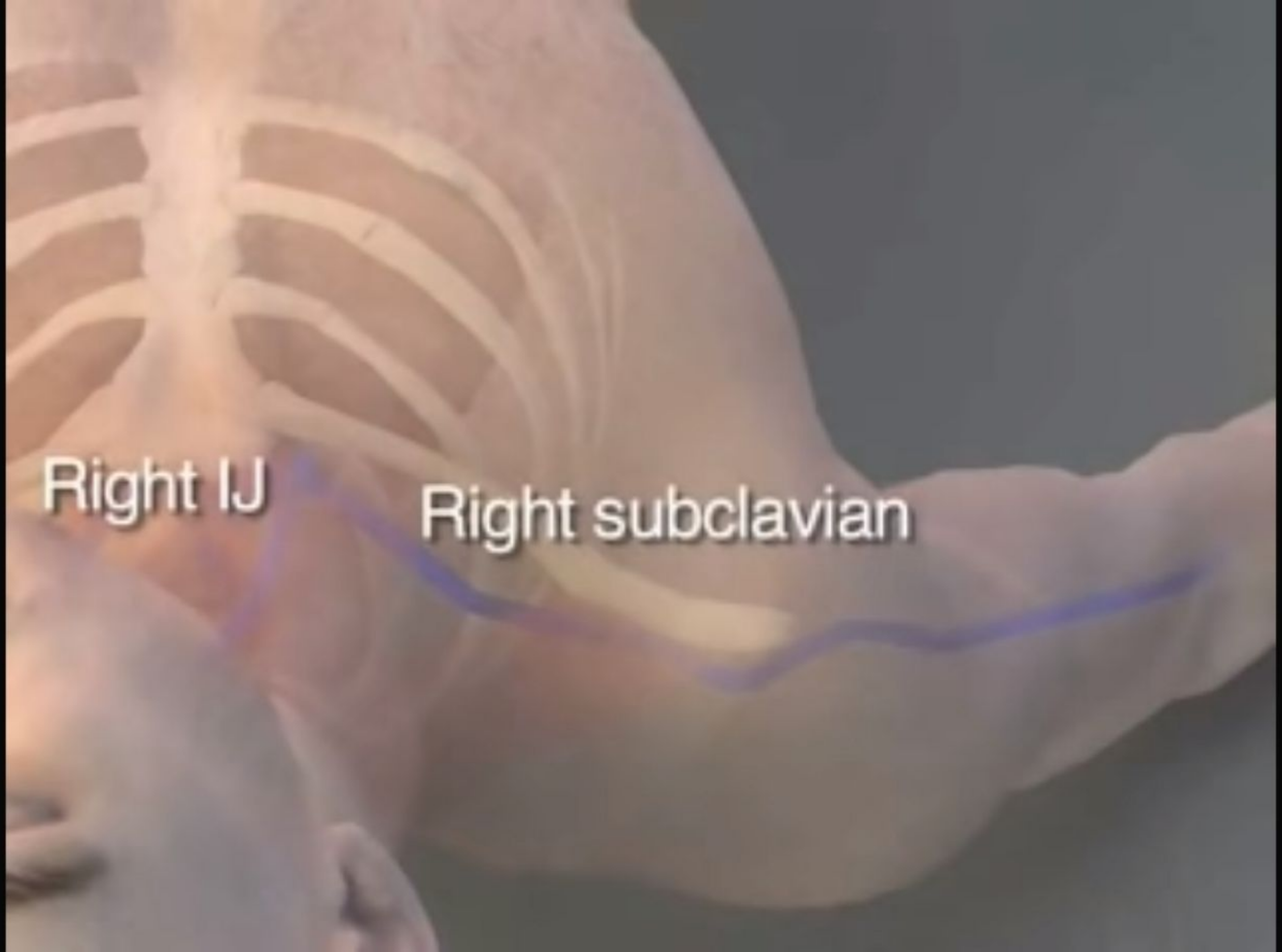
7-French 15- or 20-cm triple lumen

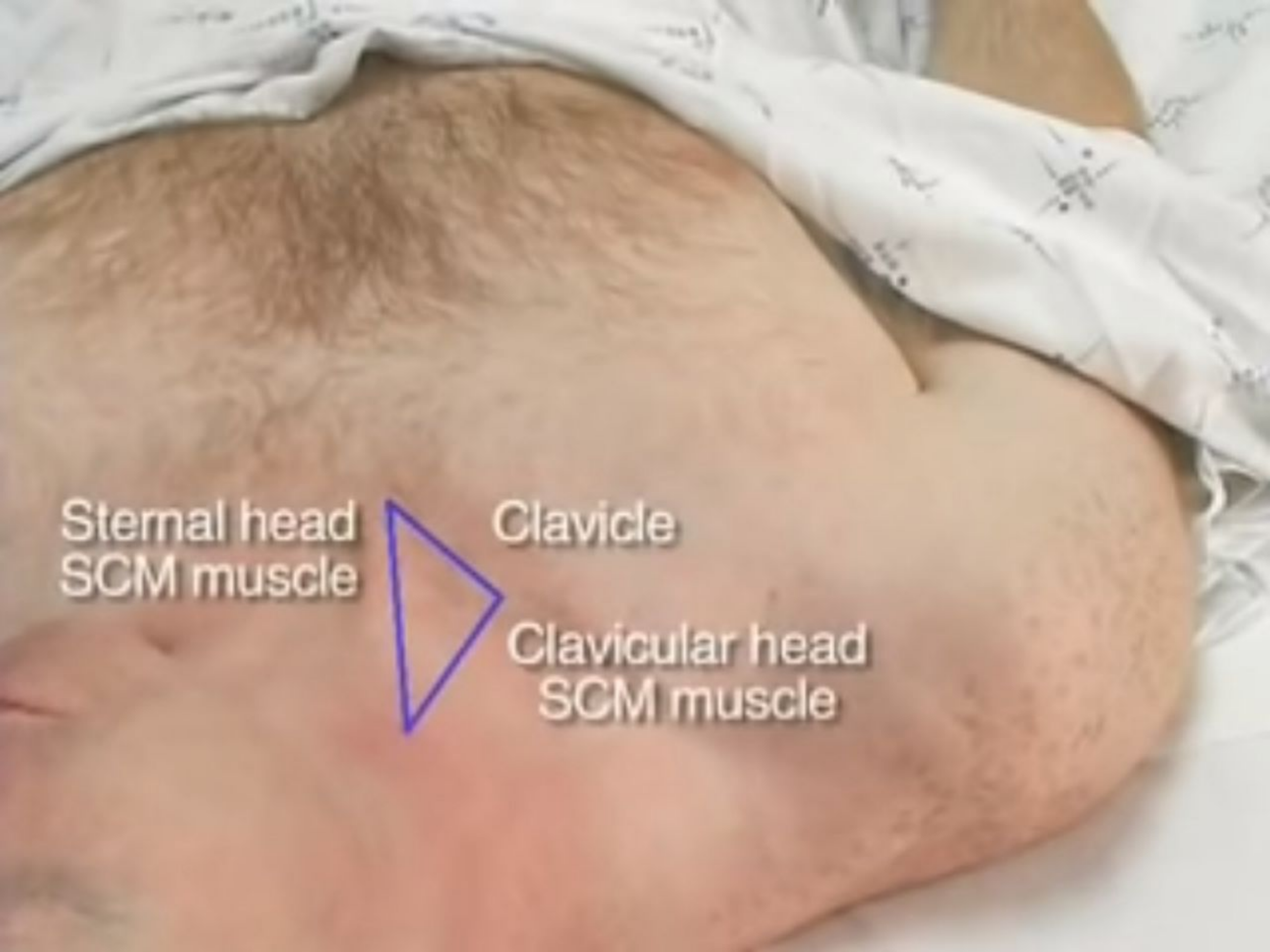
4-French 8-cm double lumen

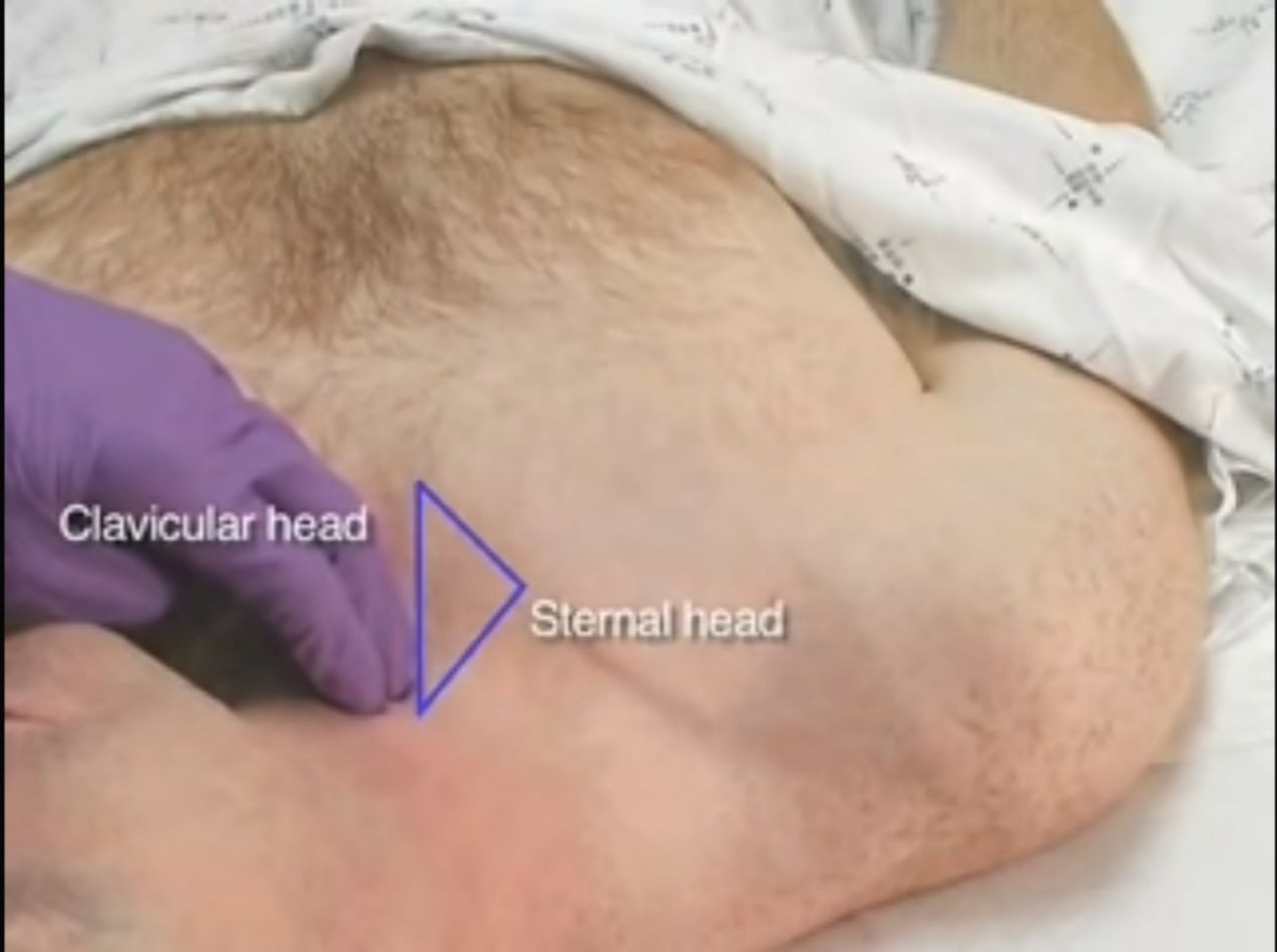


5-French 8-cm triple lumen

7-French 20-cm triple lumen


Right IJ
Right subclavian


Sternal head
SCM muscle
Clavicle
Clavicular head
SCM muscle


Clavicular head
Sternal head

Large-bore
peripheral IV

Equipment

Sterile gown, gloves, cap, mask and face shield

Skin prep and drape or towels

Lidocaine, sterile gauze

Syringes — non–Luer–lock

Scalpel, saline flush

Catheter, dilator, needle and wire

Suture and needle driver

11.5-French 20-cm double lumen

Contraindications

Infection of area overlying the target vein

Thrombosis of the target vein

Coagulopathy

Platelet Count (150-420) K/cu mm	APTT (26.0-36.0) seconds	Fibrinogen Level (200-450) mg/dL	Prothrombin Time (INR) (0.90-1.20) INR
9.0 *	147.4 *	97 L	3.04 H
	161.2 *	70 L	3.45 H

Indications

Monitoring central venous pressure

Delivery of caustic or critical medications

Emergency resuscitation

Hemodialysis

Pulmonary artery catheterization

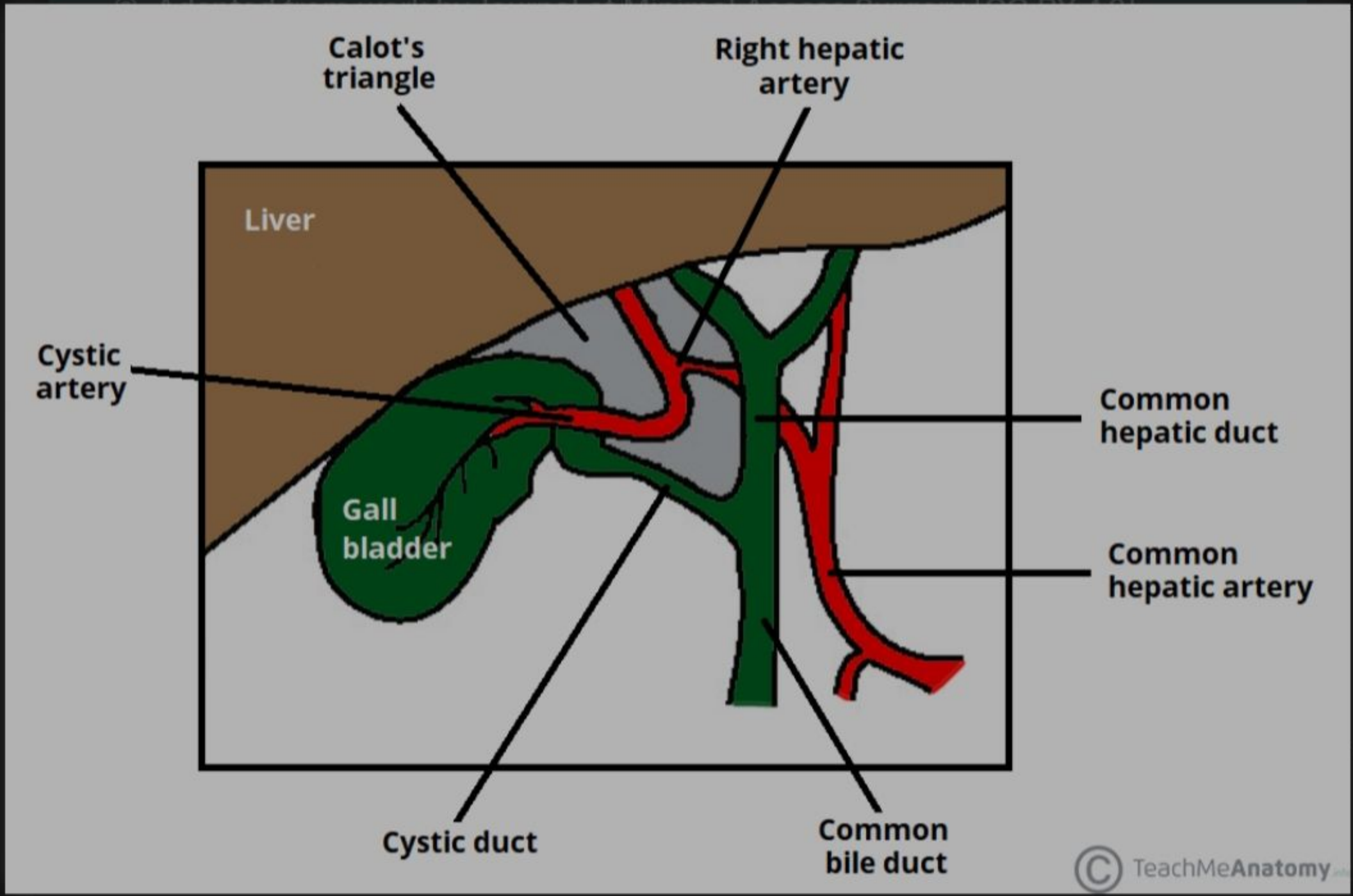


Fig 1 – The borders and major contents of Calot's triangle.

12
14
16
18
20
22
24
26
28
30
32
34
36
20 cm
PLEUR-EVAC
Teleflex
36 Fr/Ch

SINORGMED®

14g 16g 18g 20g 22g

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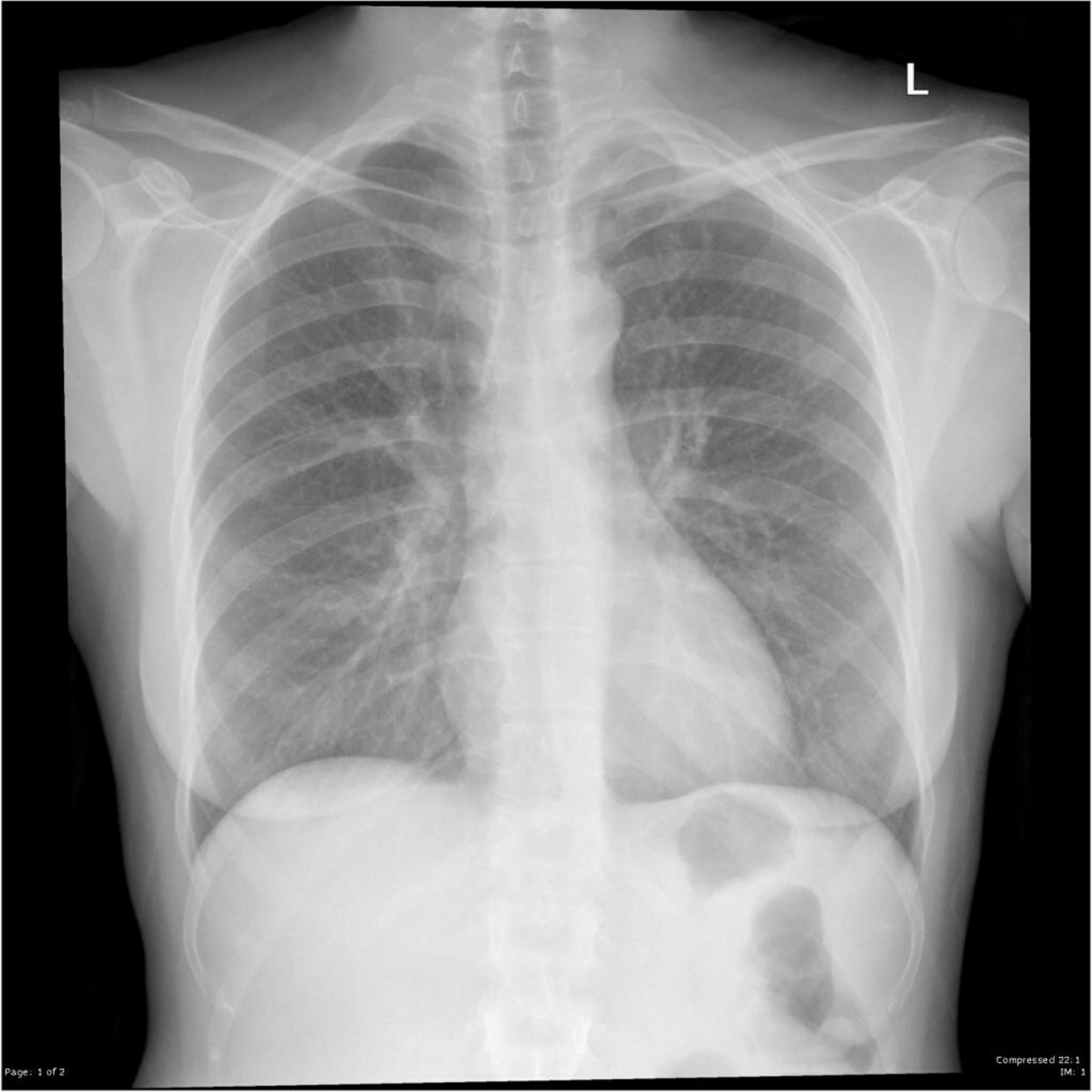
L
Page: 1 of 2
Compressed 22:1
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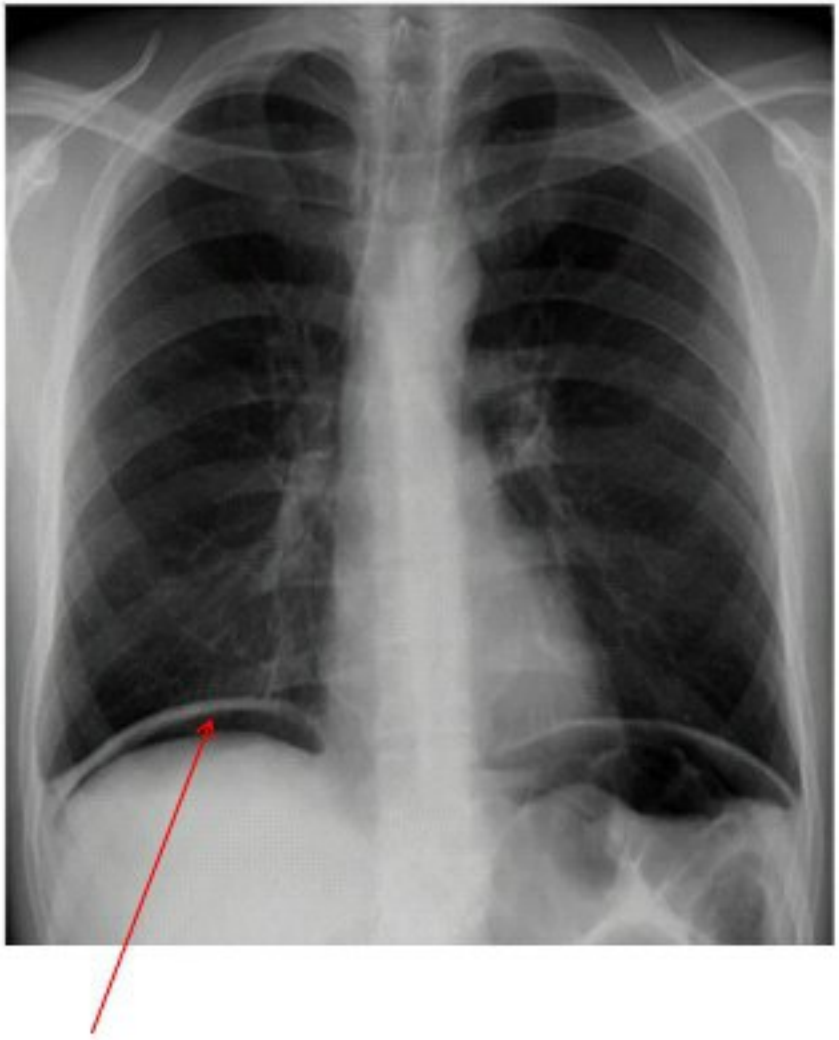
Mention one invasive investigation. **ERCP.**

1. Identify this condition.
   Exophthalmous.
2. Give one lab test you want to order.
   Thyroid Function Test (TFT).
3. Mention a radiological investigation.
   Neck U/S.
4. Mention 2 modalities of tt.
   1. **Medical: anti-thyroid drugs (PTU).**
   2. **Surgical: thyroidectomy.**

Q: what is the finding in this Abdominal X-Ray?
And mention 2 causes.

A: Air under the right hemi diaphragm.

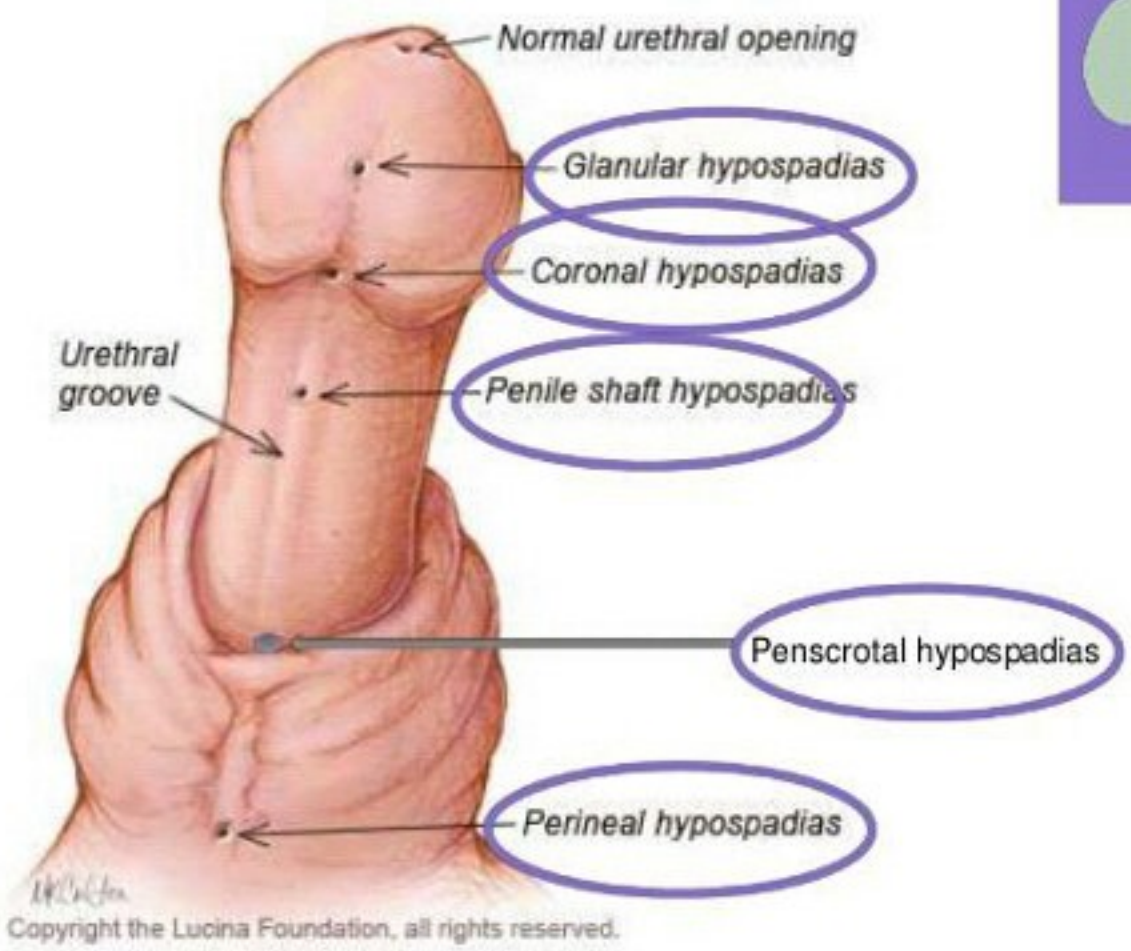


Causes:

1. Perforation of duodenal ulcer.
2. Following Laparoscopic procedure
3. Following Tubal Insufflation Test
4. Infection with gas forming organisms
5. Most common cause is post operative.
6. Chilaiditi's sign-due to interposition of colon between the Diaphragm and the Liver such a gas shadow can be obtained even in a normal individual.

Hypospadias

- Abnormal urethral opening on the undersurface of the penis associated with incomplete development of the urethra.
- Deflection of the urinary stream.
- Classifications : anterior(50%), middle (30%), posterior (20%).
- Glanular (opening on the glans) is the most common.
- Surgery is performed 6-18 months of age.



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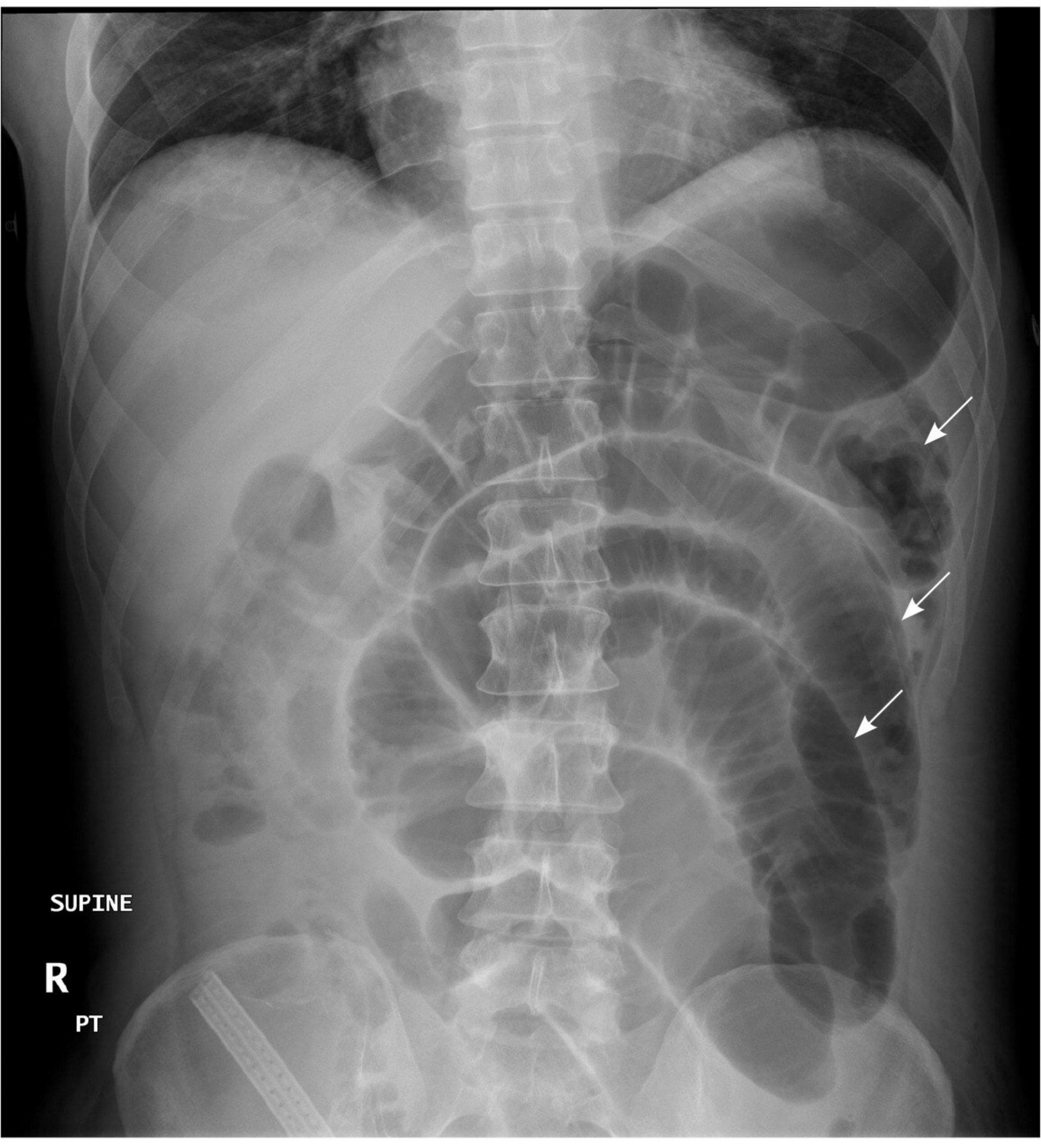
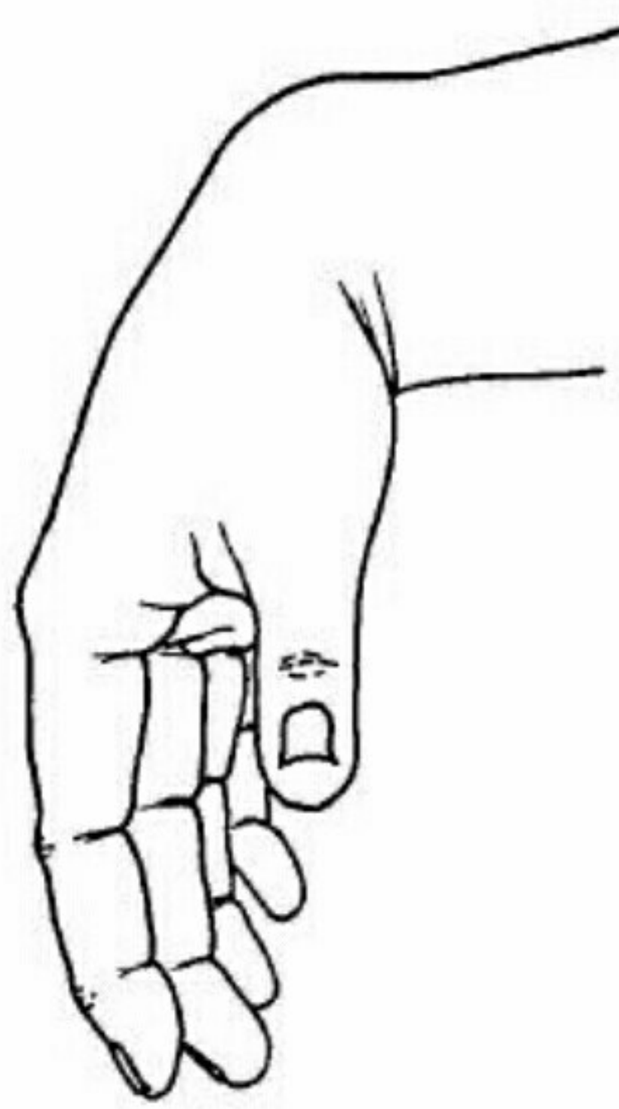
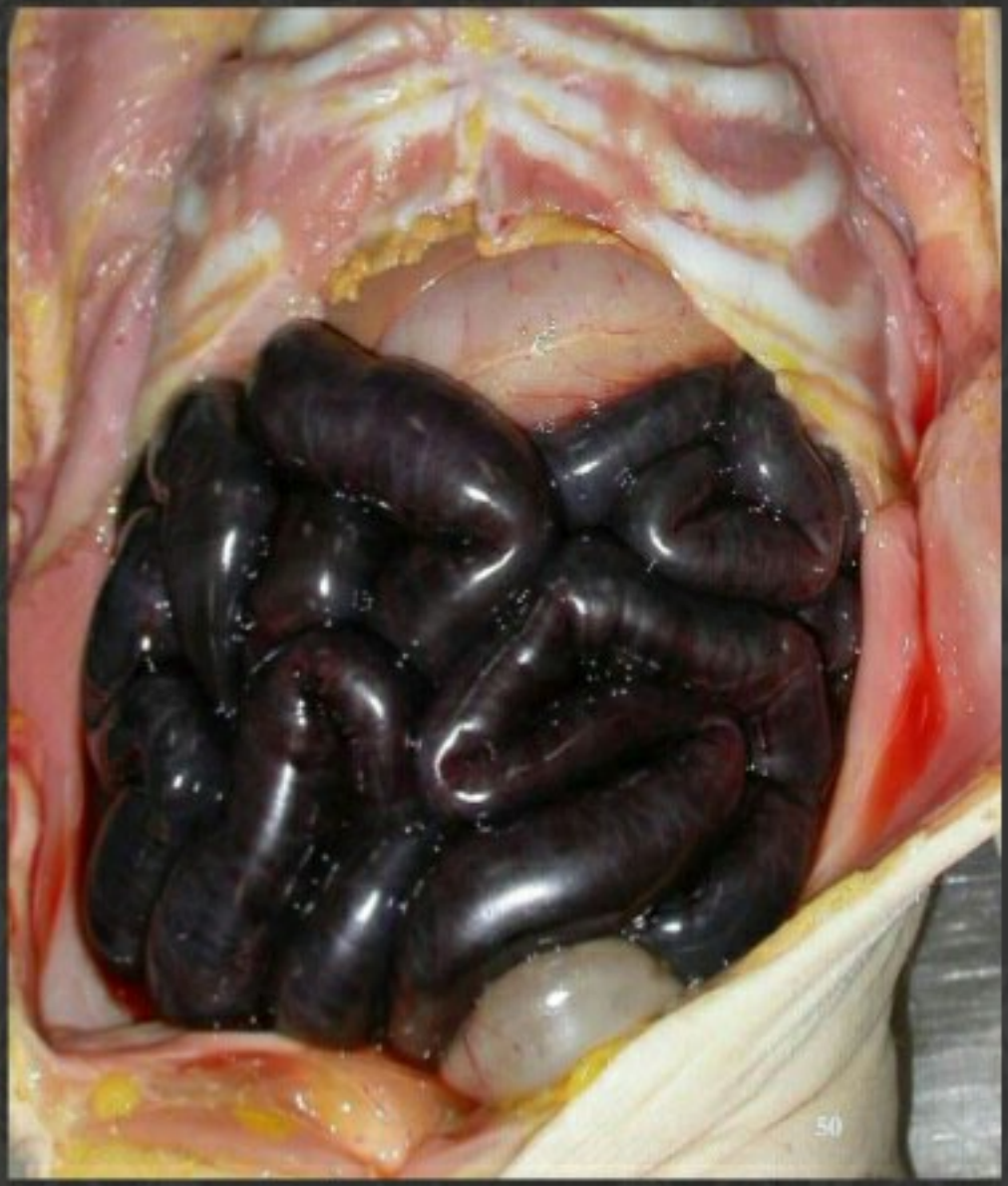

SUPINE
R
PT

Basilar Skull Fracture

- The most common type involves the temporal bone
- Commonly associated with a tear in the dura leading to a CSF leak
- Classic signs and symptoms are often absent on initial presentation but will develop gradually over the first hours of evaluation
- Raccoon Eyes are caused by bleeding from a fracture site in the anterior portion of the skull base

Sign of this pectur

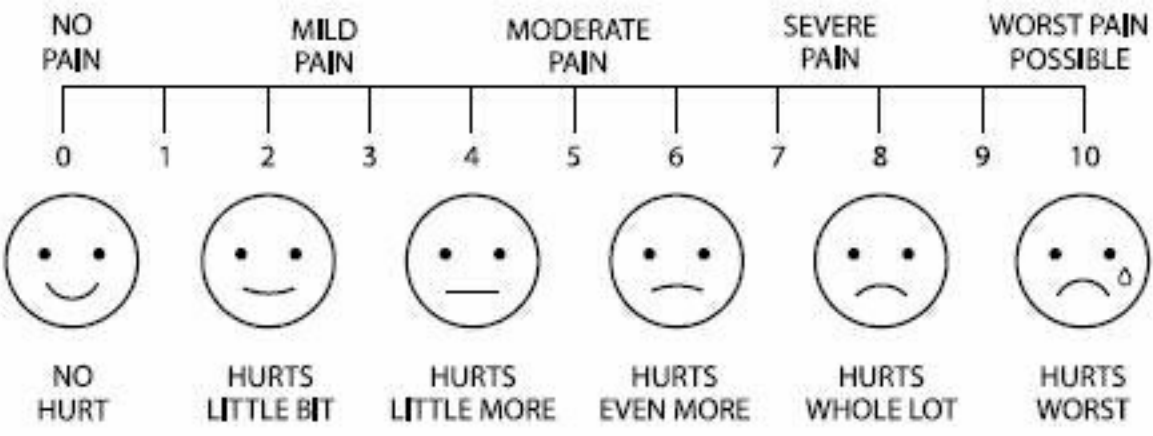




Moist gangrene

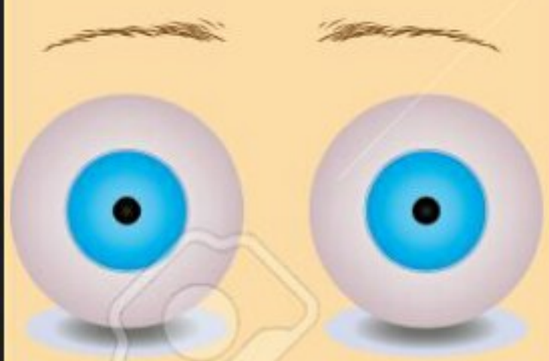
0-10 SCALE OF PAIN SEVERITY

Severity		Description of Experience
10	Unable to Move	I am in bed and can't move due to my pain. I need someone to take me to the emergency room to get help for my pain.
9	Severe	My pain is all that I can think about. I can barely talk or move because of the pain.
8	Intense	My pain is so severe that it is hard to think of anything else. Talking and listening are difficult.
7	Unmanageable	I am in pain all the time. It keeps me from doing most activities.
6	Distressing	I think about my pain all of the time. I give up many activities because of my pain.
5	Distracting	I think about my pain most of the time. I cannot do some of the activities I need to do each day because of the pain.
4	Moderate	I am constantly aware of my pain but I can continue most activities.
3	Uncomfortable	My pain bothers me but I can ignore it most of the time.
2	Mild	I have a low level of pain. I am aware of my pain only when I pay attention to it.
1	Minimal	My pain is hardly noticeable.
0	No Pain	I have no pain.


NO PAIN
MILD PAIN
MODERATE PAIN
SEVERE PAIN
WORST PAIN POSSIBLE
0
1
2
3
4
5
6
7
8
9
10
NO HURT
HURTS LITTLE BIT
HURTS LITTLE MORE
HURTS EVEN MORE
HURTS WHOLE LOT
HURTS WORST

Alvarado score	
Feature	**Score**
Migration of pain	1
Anorexia	1
Nausea	1
Tenderness in right lower quadrant	2
Rebound pain	1
Elevated temperature	1
Leucocytosis	2
Shift of white blood cell count to the left	1
Total	**10**

Glasgow Coma Scale

Behaviour	Response
 Eye Opening Response	4. Spontaneously 3. To speech 2. To pain 1. No response
Verbal Response	5. Oriented to time, person and place 4. Confused 3. Inappropriate words 2. Incomprehensible sounds 1. No response
Motor Response	6. Obeys command 5. Moves to localised pain 4. Flex to withdraw from pain 3. Abnormal flexion 2. Abnormal extension 1. No response

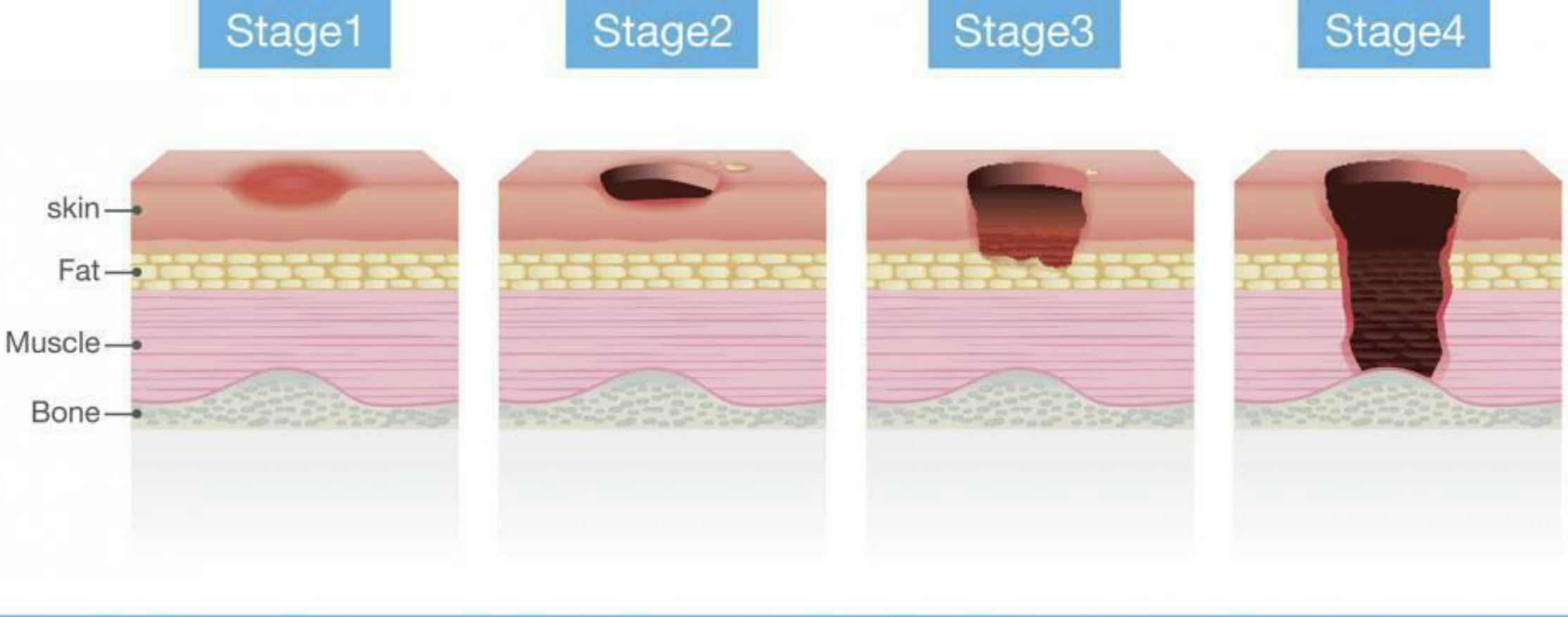
Total Score

Best score - 15

Comatosed - ⩽8

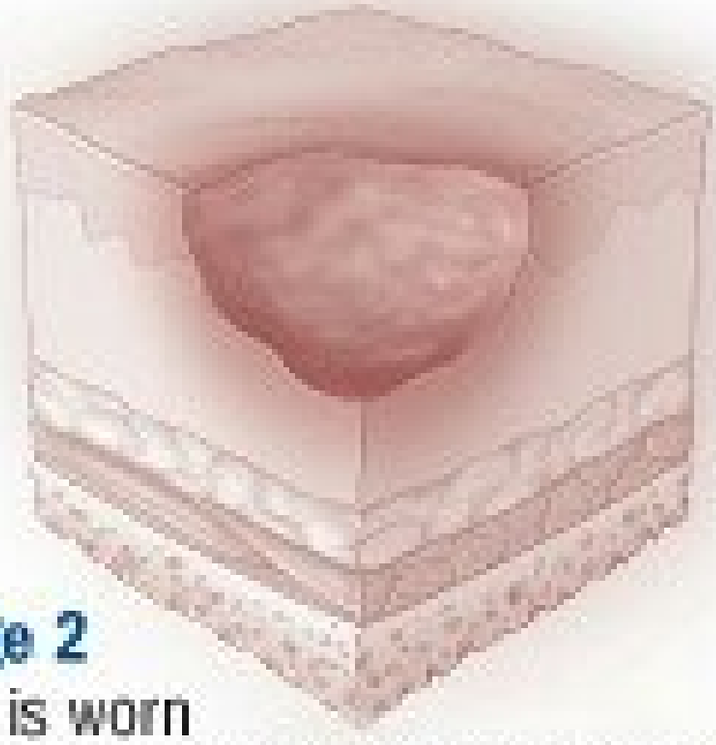
Unresponsive - 3

Clinical feature	Points
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for more than 3 days or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling 3 cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previously documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score	
DVT "likely"	2 points or more
DVT "unlikely"	1 point or less



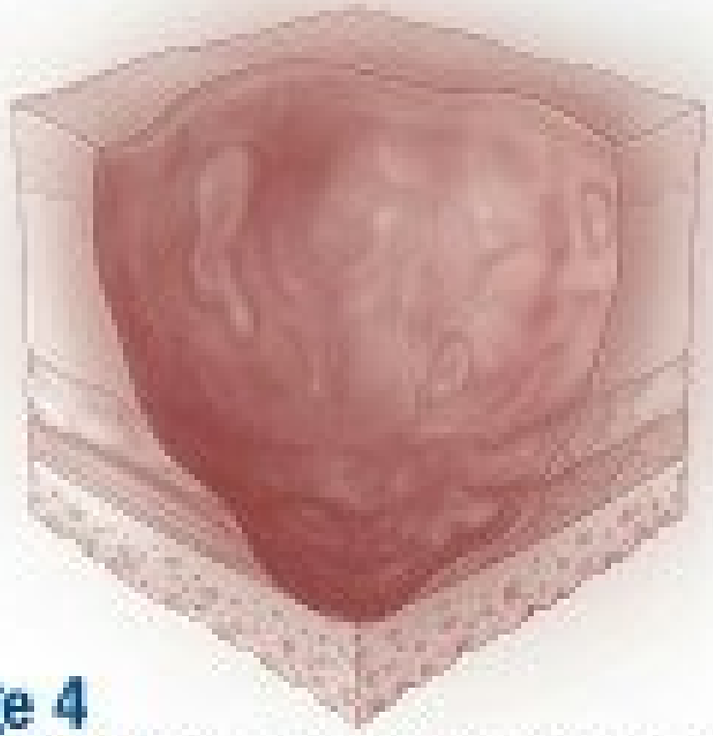
PRESSURE SORES

Stage 1
Skin is red and may look bruised, but is intact.



Stage 2
Skin is worn away and there's an open wound.

Stage 3
Craterlike wound extends beneath the skin surface. Risk of tissue death is high.



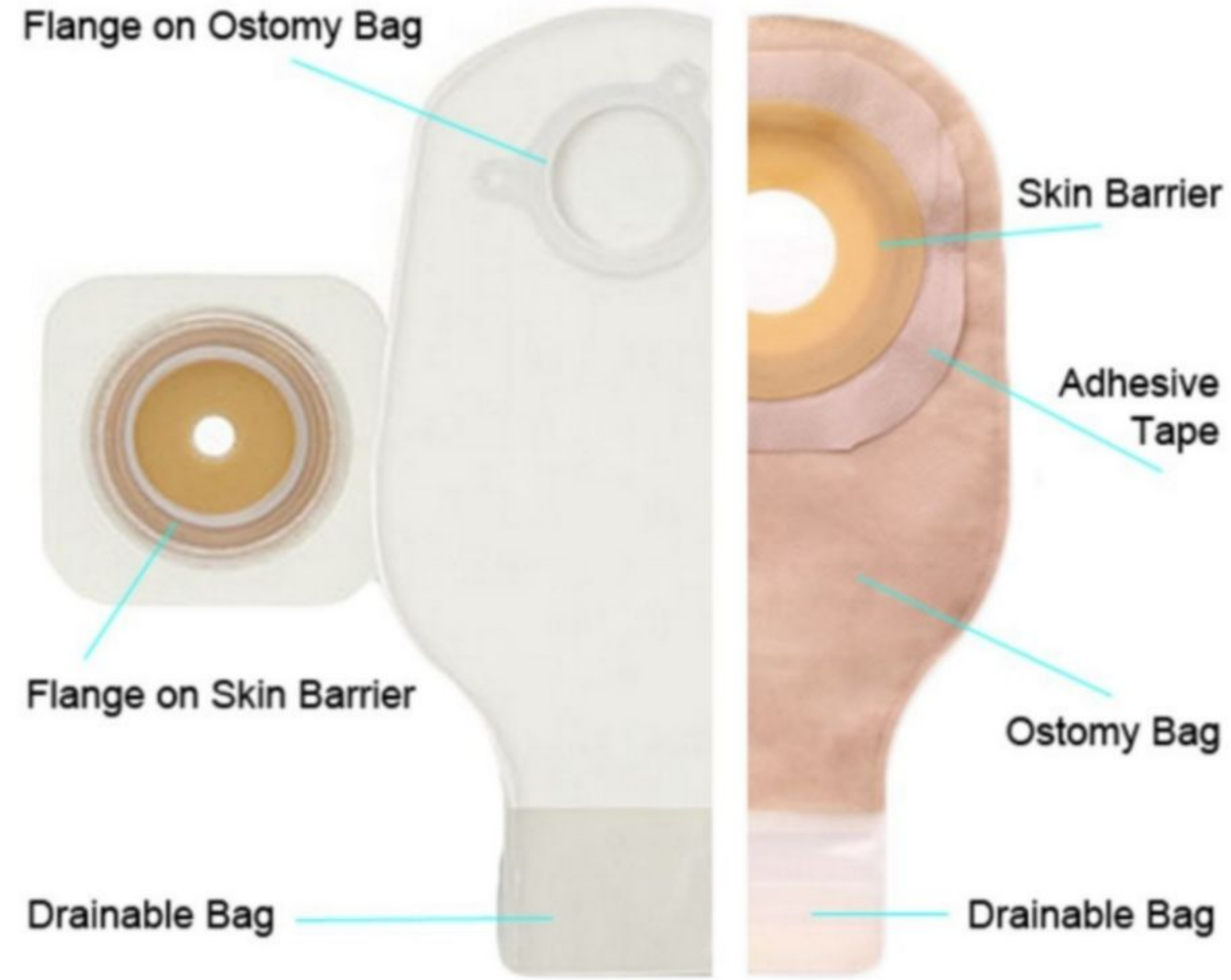
Stage 4
Extensive damage to deeper tissues, including muscle and bone. Risk of infection spreading to bone (osteomyelitis) or blood (sepsis) is high.

الثورة العام
M
G

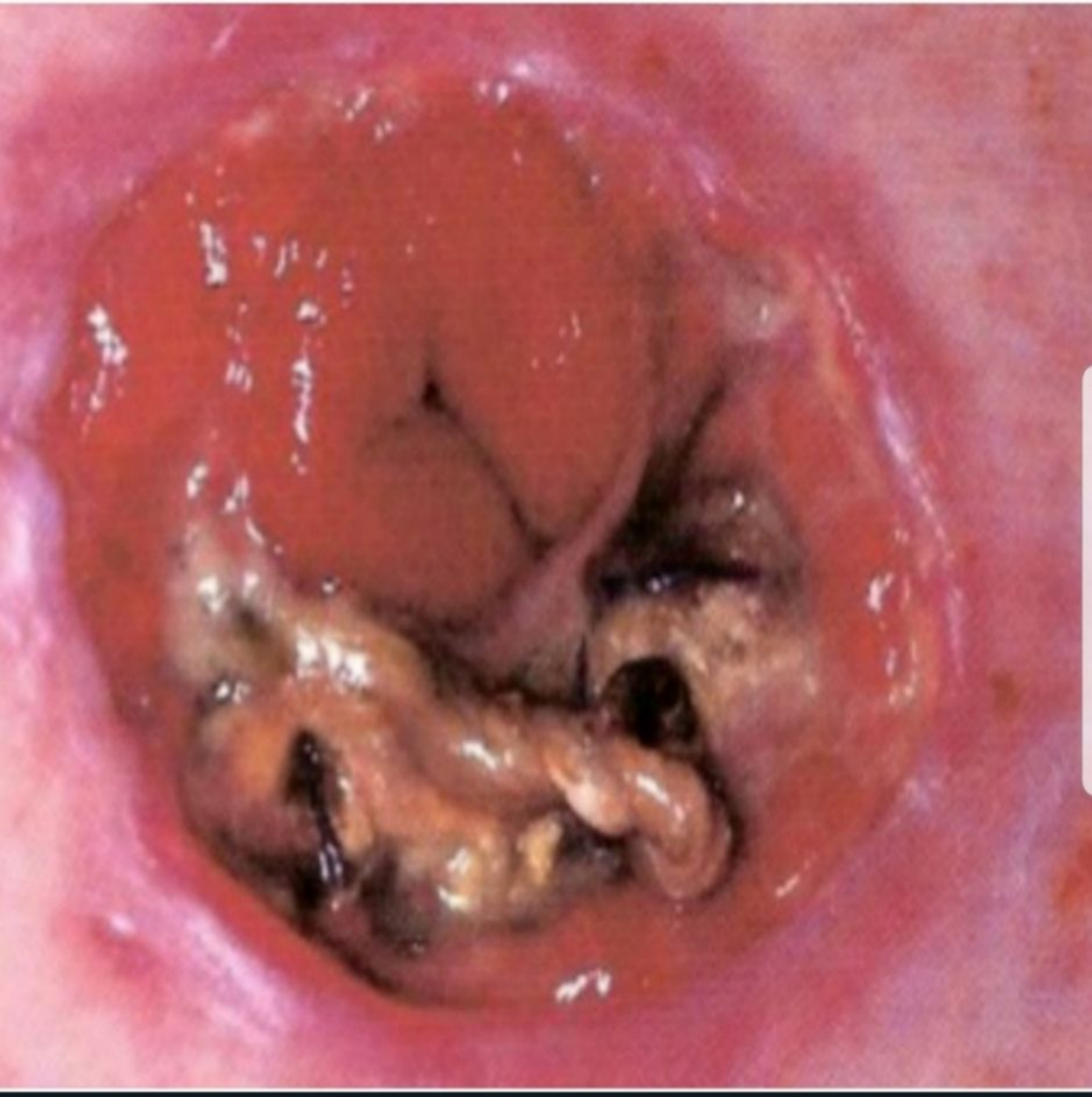
Stomal Prolapse

Two-Piece Ostomy Bag

One-Piece Ostomy Bag



Colostomy Bag



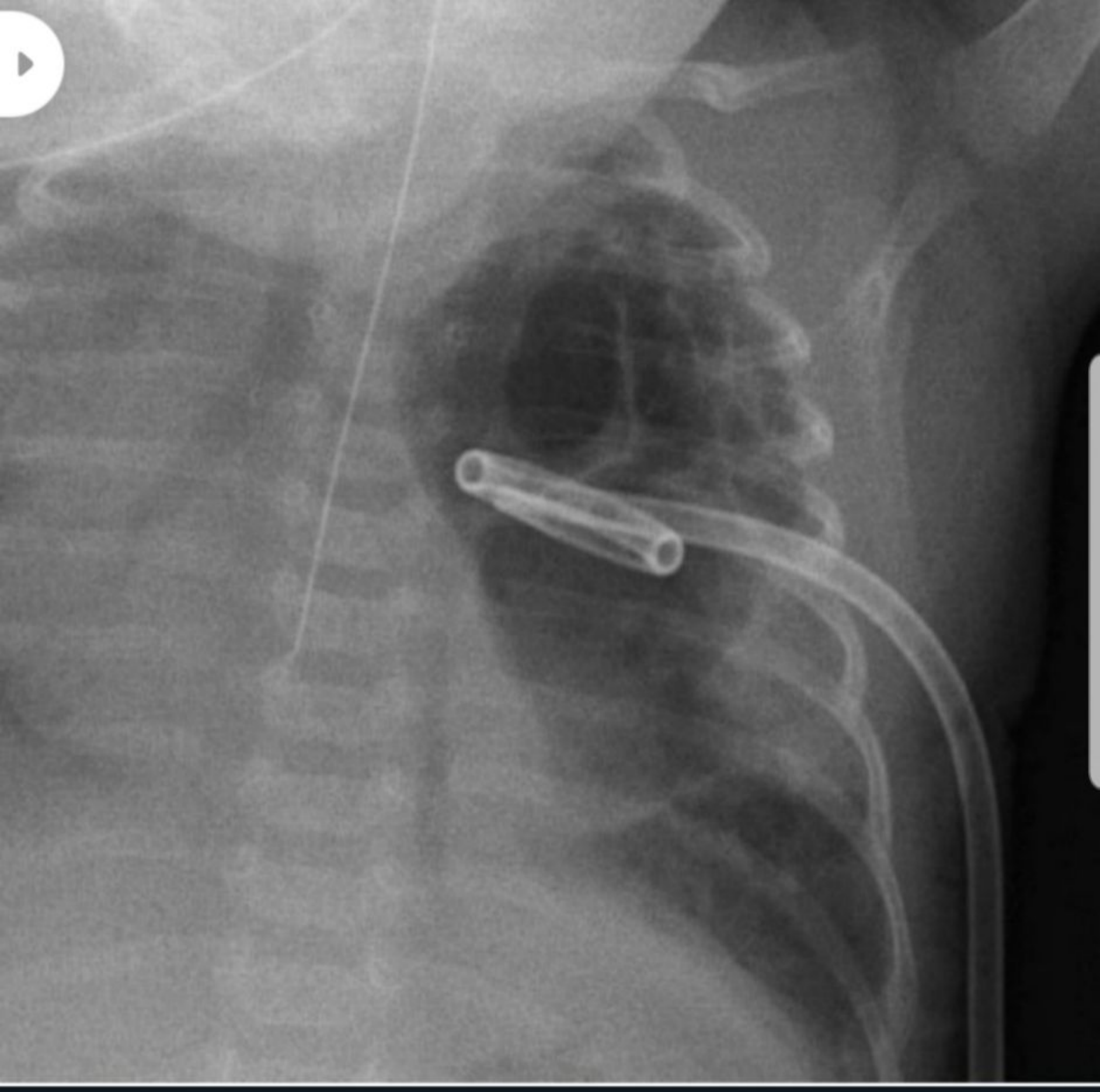
Mucocutaneous Seperation

Fecal Excoriation

Necrosis

End Ileostomy

Loop Ileostomy



IC Tube in situ in Chest X-ray

IC Tube Placement

Intercostal Tube in Place

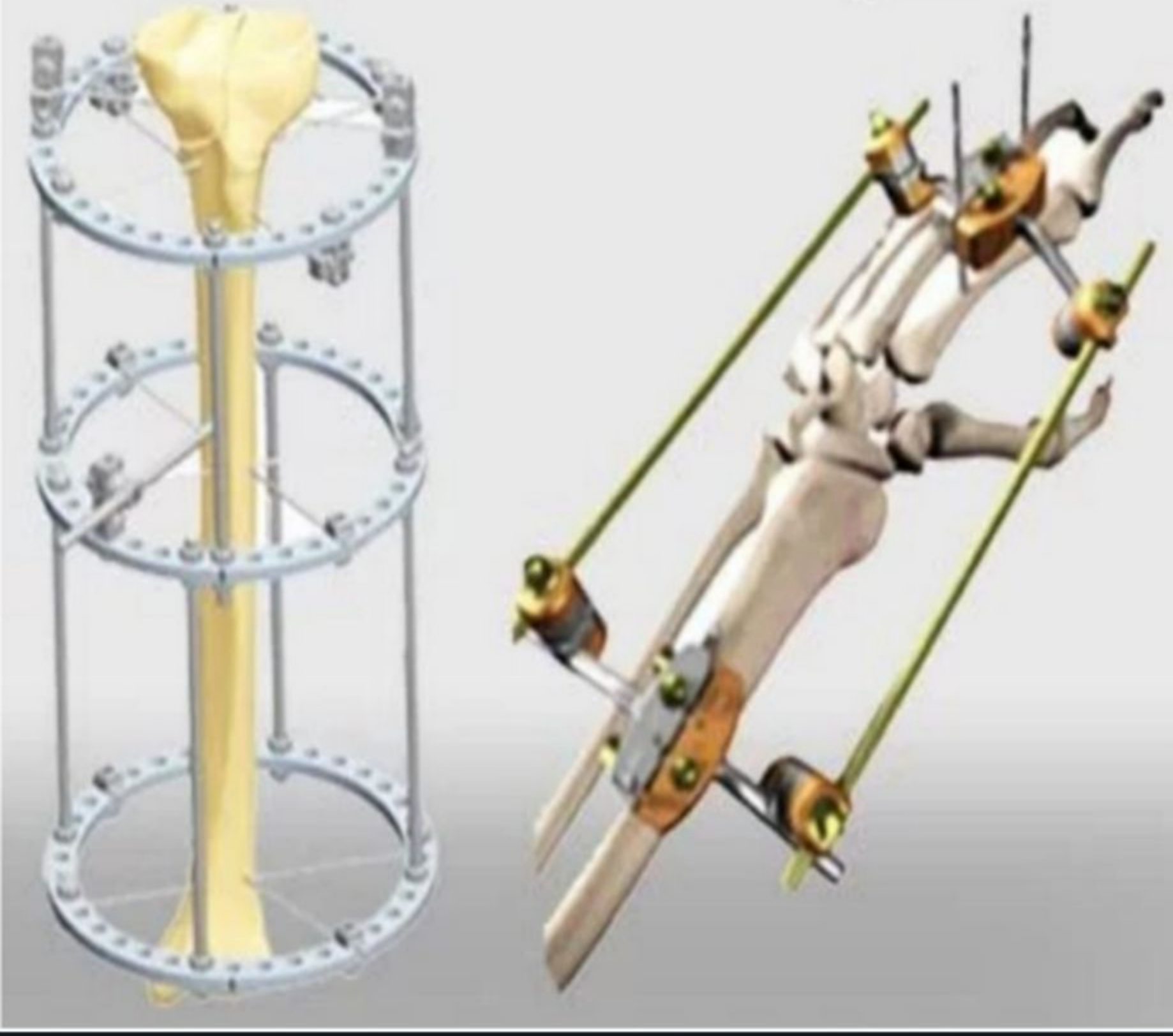
IC Tube Connected to the Drain

Underwater Sealed Chest Drain

Intercostal (IC) Tube

Safe Traingle of IC Tube Insertion

External Fixation System



Types of External Fixator Systems

Llizravo Type External Fixator

External Fixator for a Compound Tibial Fracture

Skin Grafted Wound with EF

Open Fracture Tibia

X-ray View of an External Fixator

External Fixator for a Femoral Fracture

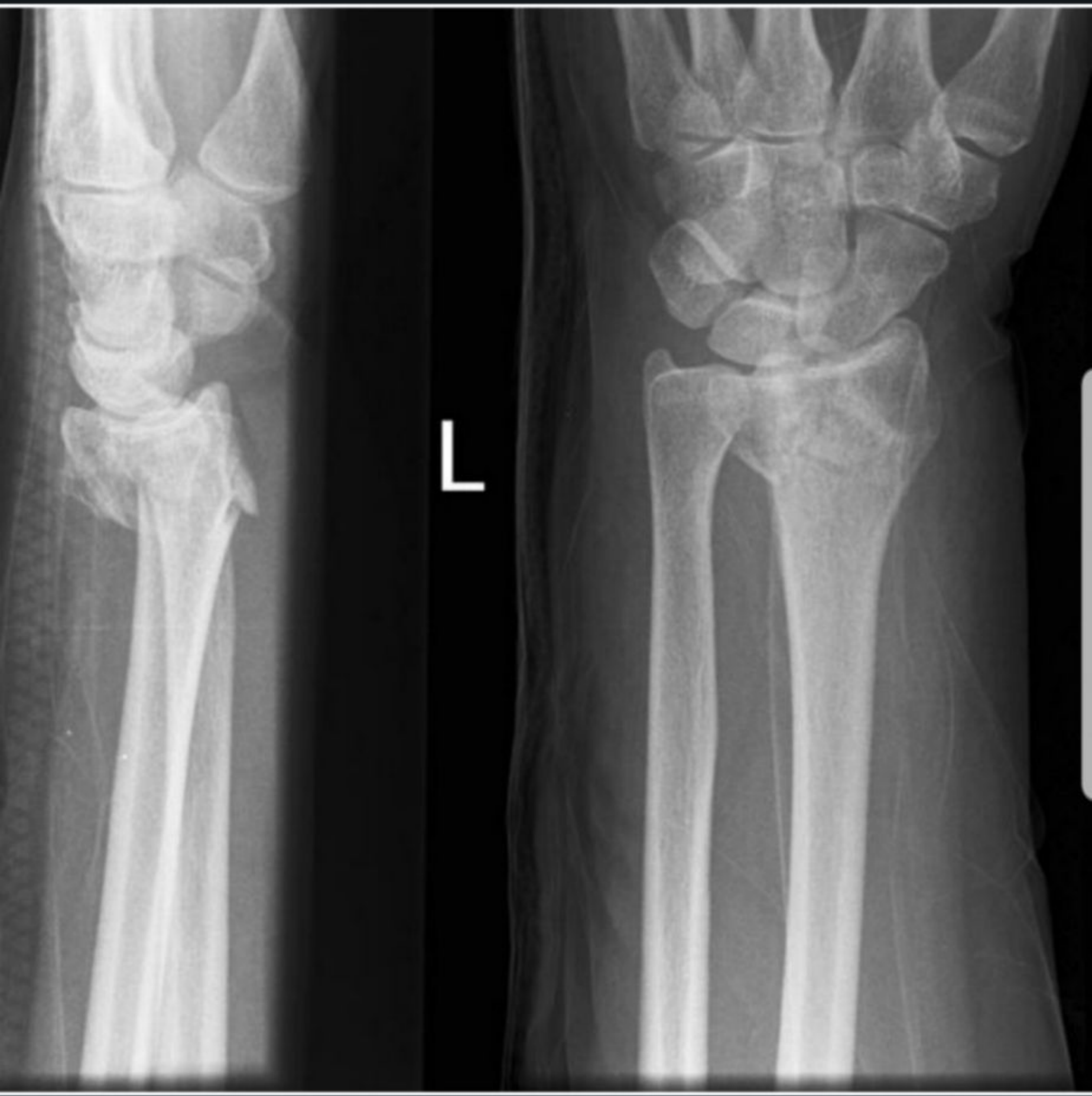
POP
BOOT

POP
CYLINDER

ABOVE
KNEE
POP

POP Casts of Fractures of Lower Limb

POP Boot



Colles' Fracture

Colles' POP

Above Elbow POP

Plaster of Paris (POP)

U Slab for Humeral Shaft Fracture

Scaphoid POP

Amputation (Post-op)

Wet Gangrene

Dry gangrene

Below Knee Amputation

Ray Ressection

Wound Dehisence in an Amputated Stump

Blister Formation

Lower Limb Cellulitis

Erysipelas

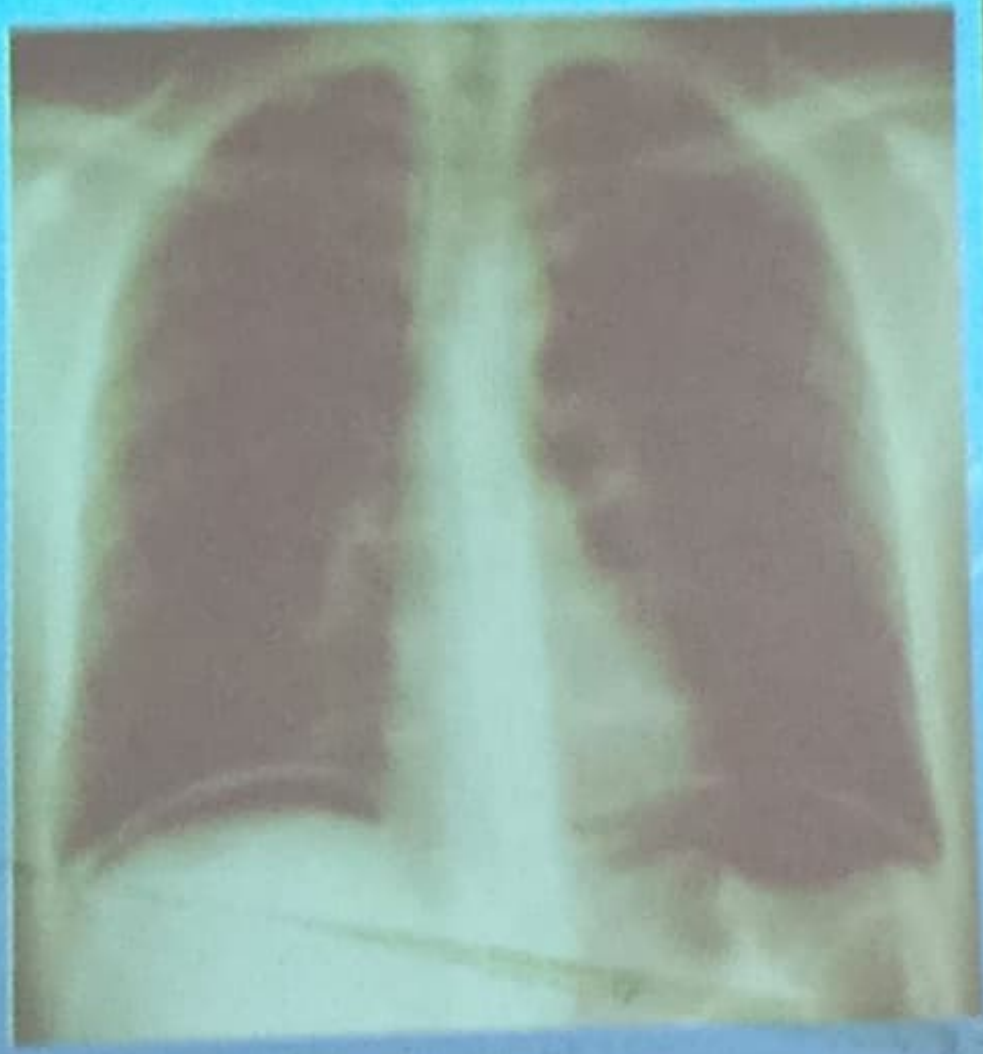
Lipodermatosclerosis

Upper Limb Cellulitis

Varicose Veins Affecting Lesser Saphenous System

Saphenavarix

1) What is this study?
2) What is the finding?
3) What is the diagnosis?
4) What is the management?



Regarding Hyperkalemia

Mention :

1) The normal Serum K Level
2) ECG findings
3) 2 common causes
4) 4 lines of management

) What is this study?

) What are the findings?

) What is the diagnosis?

) What is the initial management?

) 2 Possible causes

Station 8

What is your diagnosis?

What is Your Diagnosis?

1) What is the finding?
2) 3 Important investigations
3) 3 sites for metastases
4) 3 possible complications post excision ?
5) 3 Risk factors ?

Station 10

A boy Pot Full down Has Rt. Upper Limb Pain And Swelling?

A) what's Your Diagnosis ?

B)What's your management?

A 23 year-old female presented with anterior neck swelling move with swallowing

Mention :

1) 2 differential diagnosis
2) 3 important investigations
3) 3 indications for surgery
4) 4 complications for surgical intervention

Regarding Gall Bladder Stones

Mention :

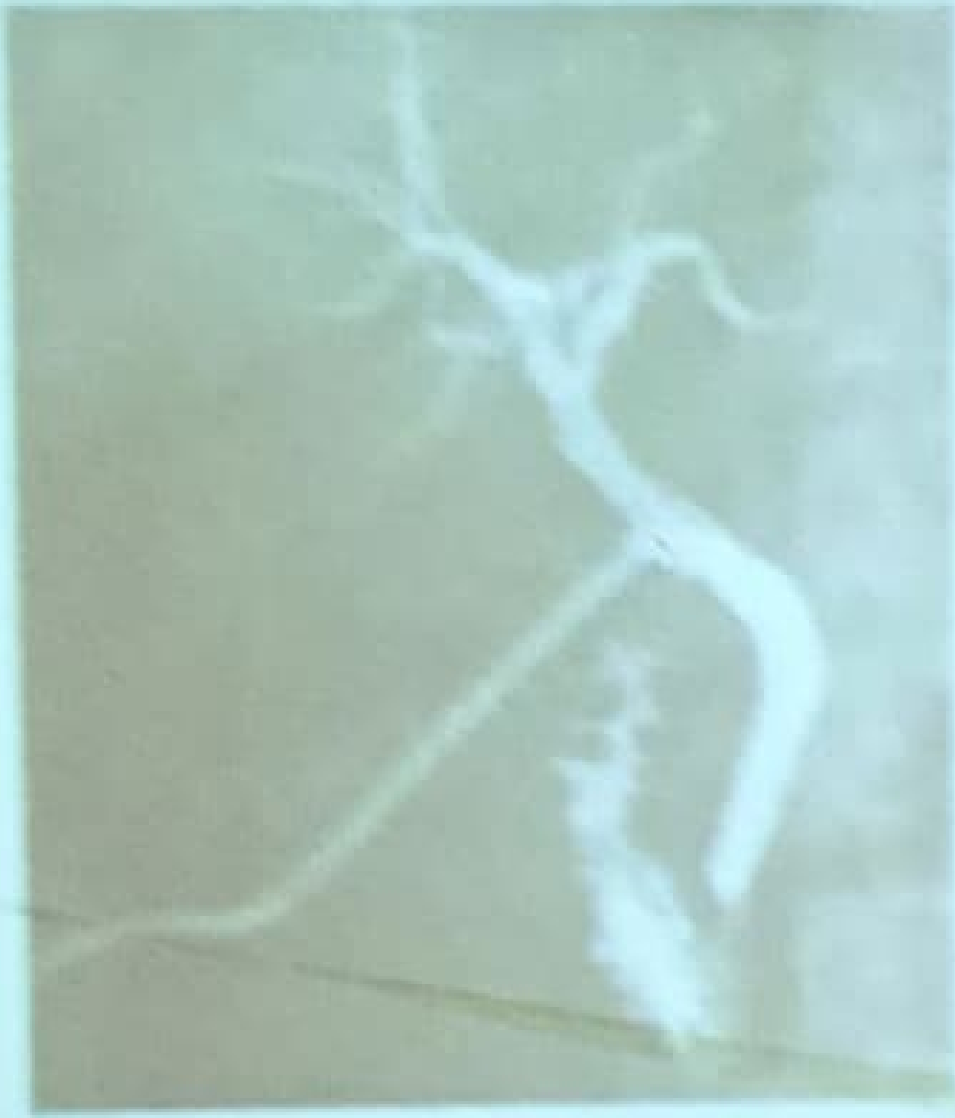
1) 3 Types of stones
2) 4 Complications
3) 3 indications for surgery
4) 3 Post operative compilications

Station 5

Ft. Post Operative for CBD Stone

A) What is the name of this study?

B) What is the benefit of it?



Station 9

What Are The Criteria of Chest Tube Removal

(Mention 5 criteria)?

Station 6

For acute appendicitis diagnosis

Mention :

3 symptoms

3 signs

2 investigation

Station 2

Pt. with acute abdomen

A) What is your Diagnosis?

B) What is your Management?

Station 3

A) What is the name of operation?

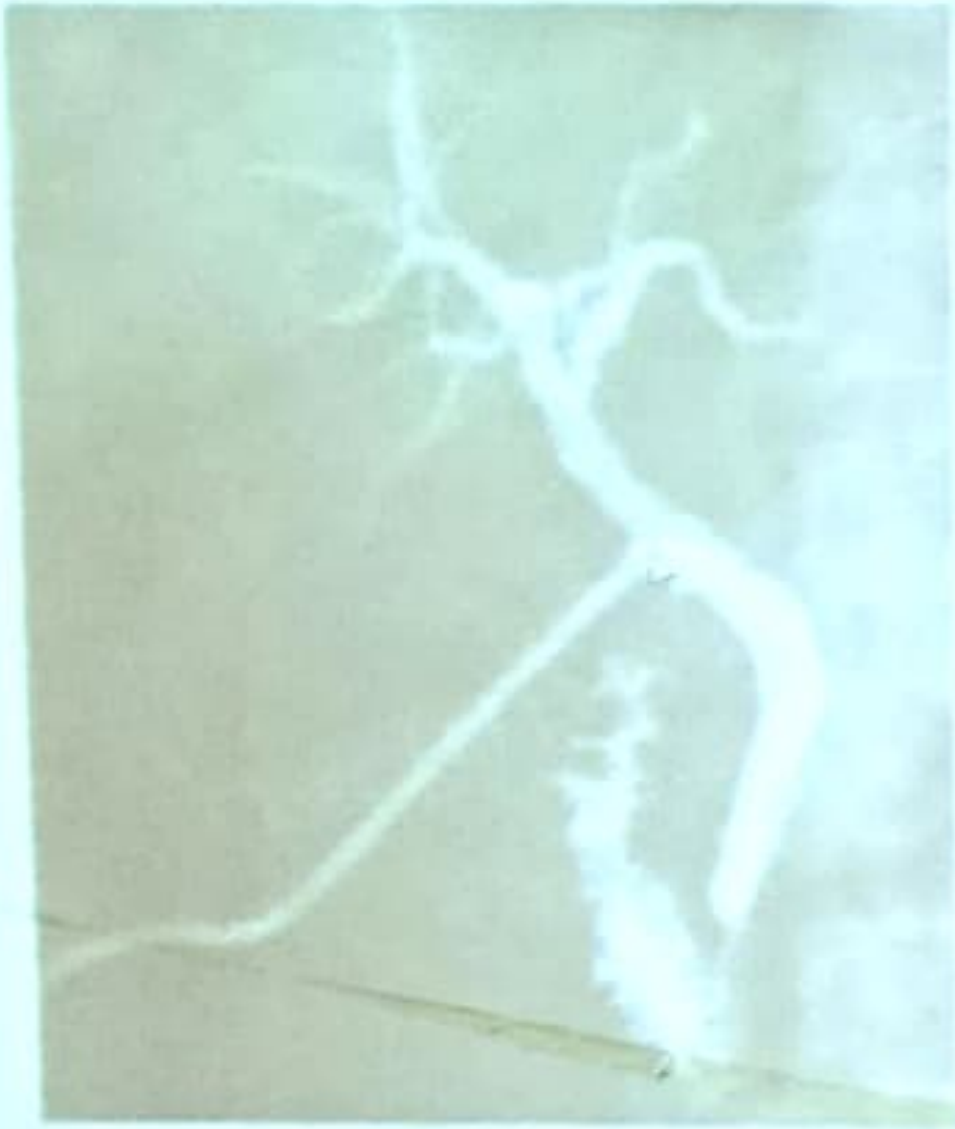
B)Write the name of structure for each number?

Station 5

Pt. Post Operative for CBD Stone

A) What is the name of this study?

B) What is the benefit of it?

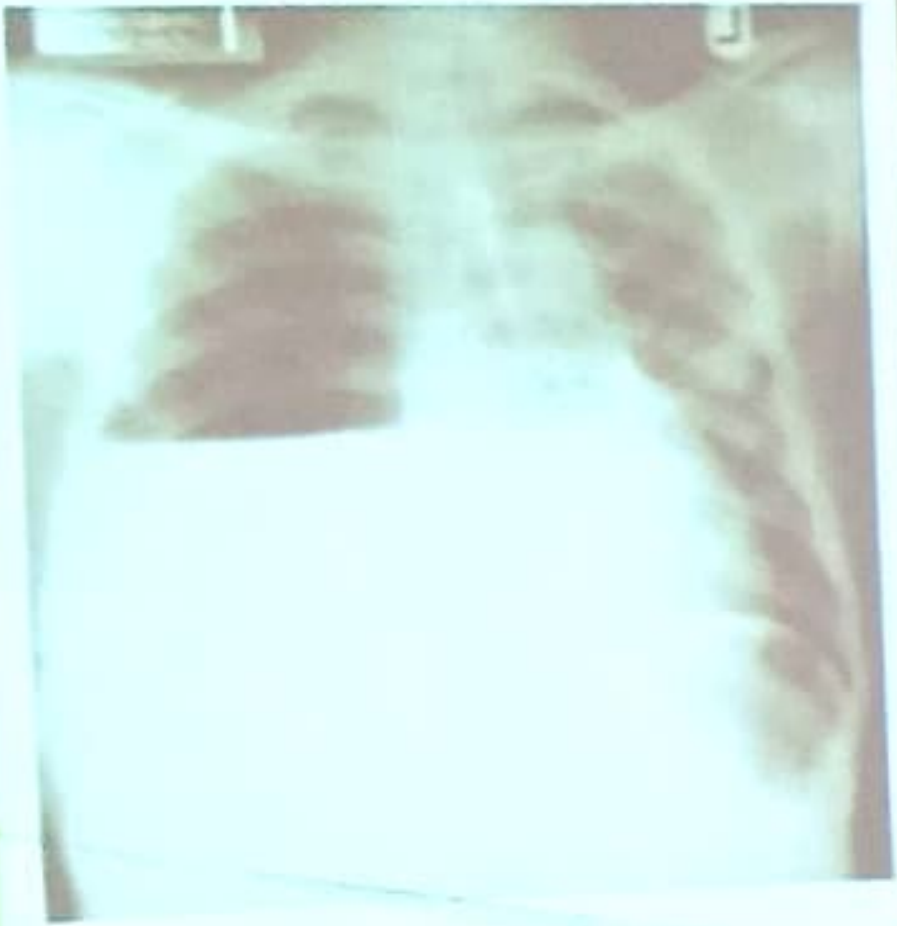


Station 4

Pt. Has Couph and fever

A) What is your Diagnosis ?

B) What is the Management



Station 1

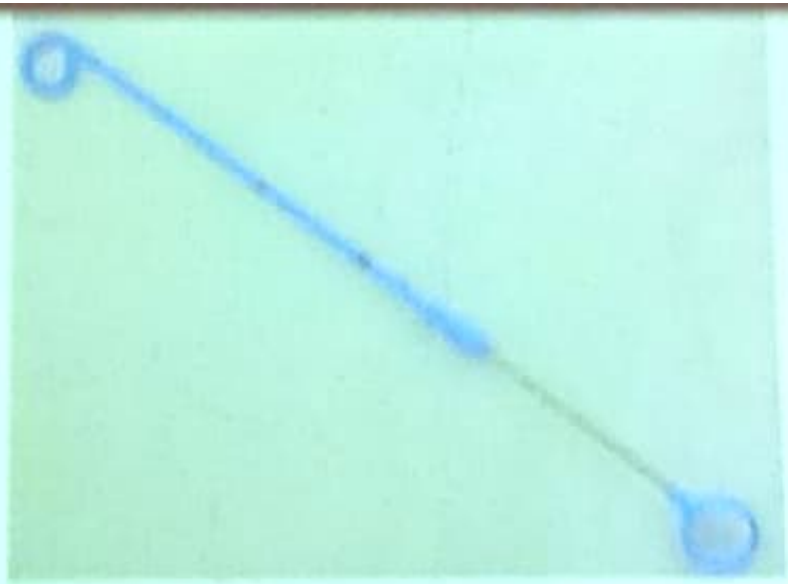
A) What type of surgery was done for her?

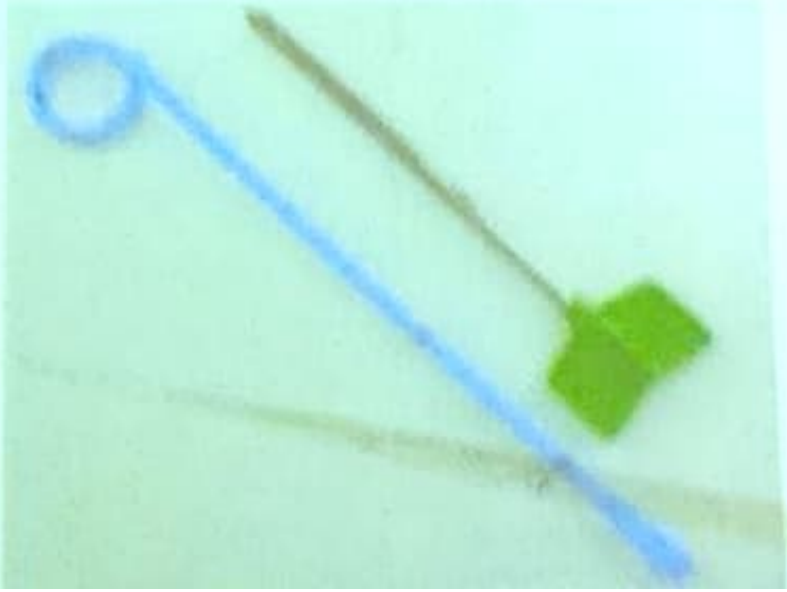
B) Mention 4 Nerves can be injured

Station 7

A) What is this tube ?

B) B) Mention two indications for it ?





Station 2

with acute abdomen

What is your
iagnosis?

hat is your
anagement ?